

A SURVEY OF THE EXPERIENCE OF YOUNG PERSONS  
REGISTERED, UNDER THE DISABLED PERSONS  
(EMPLOYMENT) ACT, AT THE LABOUR EXCHANGES  
IN THE CITY OF GLASGOW.

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In 1935, a committee, sponsored by the British Medical Association, drew attention to the need for improvement in the treatment and rehabilitation of cases of fracture. The facts revealed by this report prompted an official investigation by an Inter-Departmental Committee which in 1939 published its "Final Report on the Rehabilitation of Persons injured by Accidents". One of the recommendations of this report was that a Vocational Training Centre should be established by the Ministry of Labour to provide for injured persons who were left with some permanent disability and who were unlikely, without training, to find employment.

In the autumn of 1941 the Ministry of Labour introduced its interim scheme for the resettlement of the disabled. This aimed, primarily, at increasing the man-power available for war industries and the scheme covered those invalided out of the Services, those rejected for military service, and disabled persons who were referred by civilian doctors or hospitals.

In 1942, Sir William Beveridge stated that a comprehensive rehabilitation service was essential to any scheme of social security, such "rehabilitation must be continued from the medical through the post-medical stage till the maximum of earning capacity is /

is restored, and a service for this purpose should be available for all disabled persons who can profit by it, irrespective of the cause of their disability."

In 1943, a committee reported on "The Rehabilitation and Resettlement of Disabled Persons" under the chairmanship of Mr. G. Tomlinson, M.P. The report pointed out that "placing in employment will not complete the process of rehabilitation unless the employment - particularly where there is serious disablement - is suited to individual capacity and makes the best use of individual skill. It is in the interest of the country as well as of the disabled citizen that he should get back to suitable employment as soon as possible - not to any employment, but to the most skilled work of which he is capable".

In 1944, the Disabled Persons (Employment) Act was passed and registration of the disabled has steadily increased, until now some 900,000 names are on the register. The mechanism of the Act is now comparatively well-known, and increasingly hospitals and practitioners invoke its help on behalf of their patients, though no detailed examination of the working of the Act has yet been published.

The purpose of this survey was (1) to find out the nature and /

and extent of employment among Glasgow young persons registered as disabled; (2) to ascertain, as far as possible, any factors adversely affecting their resettlement in industry.

The survey was intended to include all the young persons registered as disabled who were 18 years of age or less at the time of registration and who were registered, before 1st July, 1948, at one or other of the ten Employment Exchanges in the city. The actual interviewing began in January, 1949, so that at least six months had elapsed since their registration.

They numbered 683, but 65 of them (9.5%) could not be traced. It was known that some had emigrated, but the chief loss arose from the frequency with which addresses were changed, sometimes twice or thrice within a few months. Indeed, in the current housing shortage there seems to be a section of the community constantly on the move from one set of lodgings to another, having no real fixed address. Six of the remaining 618 were dead, 9 were in the Forces and seven in hospital or other institution. Ten who now live in distant towns, furnished only incomplete information about their work; 4 refused to co-operate in the survey and 3, with only trivial disabilities maintained /

maintained that they had been registered against their wish.

The remaining 579 were interviewed in their homes, though 3 asked to be seen elsewhere as they were ashamed of their home conditions. Interview was arranged by letter and, in general, excellent co-operation was secured. The parents of youths who had just left school or who had recently been disabled were prepared to discuss their problems at great length, and were extremely keen to receive advice and information. Older youths showed less interest.

The disabilities of these 579 young people were classified according to the code used in the Medical Research Council Special Report No.248 and fell into the following groups:-

<u>GROUP I.</u>	Infective and Parasitic Diseases	146
	(Pulmonary Tuberculosis	33
111	(Pleural effusion	4
	(Tuberculosis of bones	
	or joints	74
	Anterior Poliomyelitis	34
	Encephalitis Lethargica	1
<u>GROUP II.</u>	Neoplasms	3
<u>GROUP III.</u>	Allergic, Endocrine, Metabolic and	
	Nutritional Diseases	23
	Asthma 16	Diabetes Mellitus 3
	Cretinism 2	Rickets 1
	Coeliac Disease	1
<u>GROUP IV.</u>	Diseases of the Blood	2
	Anaemia 1	Haemophilia 1

GROUP V. /

<u>GROUP V.</u>	Mental and Psychoneurotic Diseases		48
	Mental Retardation	43	
	Psychoneurosis	3	
	Effort Syndrome	1	
	Anxiety State	1	
<u>GROUP VI.</u>	General Diseases of the Nervous System		164
	(Brain Abscess	2	
	(Congenital Paralysis	42	
	72 (Epilepsy	26	
	(Syringomyelia	1	
	(Migraine	1	
	(Deaf-mutism	28	
	60 (Deafness (chronic		
	(    suppurative otitis		
	(    media)	16	
	(Other forms of		
	deafness	16	
	Defects of Vision	32	
<u>GROUP VII.</u>	Diseases of the Circulatory System		49
	Chorea	2	
	Rheumatic Carditis	43	
	Subacute Bacterial		
	Endocarditis	3	
	Lymphangiectasis	1	
<u>GROUP VIII.</u>	Diseases of the Respiratory System		8
	Chronic Bronchitis	5	
	Pleurisy	1	
	Bronchiectasis	2	
<u>GROUP IX.</u>	Diseases of the Digestive System		1
	Duodenal Ulcer	1	
<u>GROUP XII.</u>	Diseases of the Skin and Cellular Tissues		2
	Lymphangitis	1	
	Dermatitis	1	
<u>GROUP XIII.</u>	Diseases of Bone and Organs of Movement		31
	Arthritis of Spine	2	
	Osteomyelitis	17	
	Perthes disease	1	
	Atrophy of arm	1	
	Spinal Curvature	1	
	Spastic Flat Feet	1	
	Talipes equino-varus	8	

<u>GROUP XIV.</u>	Congenital Malformations		27
	Cleft Palate	1	
	Congenital Cataract	1	
	Congenital Nystagmus	1	
	Congenital Heart Disease	3	
	Congenital Dislocation of Hip	5	
	Congenital Absence or Deformity of Limbs	16	
<u>GROUP XV.</u>	Diseases of Early Infancy		
	Birth fracture of Humerus	2	2
<u>GROUP XVI.</u>	Ill-defined Conditions		6
	Narcolepsy	1	
	Stammer	2	
	Fainting attacks	1	
	Enuresis	2	
<u>GROUP XVII.</u>	Accidents, Poisoning and Violence		67
	Fractured Spine	2	
	Fractured Arm	2	
	Injury to bones of lower limb	6	
	Injury to upper limb	2	
	Loss of one eye	20	
	Injury to hand or fingers	17	
	Amputation of hand or arm	7	
	Amputation of leg or foot	8	
	Other injuries	3	
		Total	579

In the cases of 37 young people secondary disabilities were recorded, these being regarded as important in 23 and of only slight significance in 14.

The nature of employment at the time of interview will first /



first be described and the main factors affecting it will be considered in the following order:

- 1) The effect of the disability on the nature of the work.
- 2) The effect of registration, and the source of registration, on the employment of the disabled.
- 3) The satisfaction derived from employment and the reasons given for changes of job.
- 4) The effect of education, and its lack, on employment.
- 5) Apprenticeship and some of the factors influencing it.
- 6) Unemployment.
- 7) The extent to which medical aids and appliances were required but not used by the young person.
- 8) The influence of social and family background on the young person's employment; and, finally,
- 9) The attitude of the young people to the Disabled Persons (Employment) Act.

THE NATURE OF THE EMPLOYMENT AT INTERVIEW.

104 of the 579 young people were found to be unemployed, 18% of the total. The work in which the others were engaged fell into two broad groups, manual and non-manual. Each group was further sub-divided; the term "non-manual (distributive)" applied chiefly to shop assistants, but also included a few salesmen and travellers. "Non-manual (office)" covered clerical workers, such as typists, filing-clerks, dispatch clerks, cash-desk girls and the like. The "non-manual (other)" group included a wide variety of occupations - "examiners" and "checkers" in textile works, waitresses and bartenders, bus-conductors and copyreaders.

Youths in the "manual (skilled)" group followed such crafts as boot-repairing, cabinet-making, market gardening, painting, watch-repairing, upholstering, glazing, sheet metal work, baking and book-binding. Very few had skilled jobs in the heavier industries, such as shipyard work, though unskilled youths were not uncommonly employed there.

There was difficulty in differentiating semi-skilled from unskilled manual jobs and the two groups frequently overlap. The /

The semi-skilled often worked as packers or were employed in the tailoring trade as machinists, so that many disabled girls fell into this group. The "manual (unskilled)" group ranged from message boys and vanboys to shipyard labourers and road navvies.

Table 1 shows the employment of the 579 disabled young people at the time of interview, in relation to their age and sex.

TABLE 1.

Nature of employment at follow-up in relation to age and sex.

Nature of Employment	16		17		18		Age at follow-up		19		20		21		22		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Housewife	-	-	-	-	-	-	-	2	-	2	-	1	-	-	-	-	-	5
None	-	3	5	3	13	8	18	7	18	6	12	4	6	1	72	32		
Non-manual (distributive)	2	-	-	3	-	3	4	5	1	3	2	1	-	-	9	15		
Non-manual (office)	-	1	1	6	6	3	7	11	8	11	6	2	2	-	30	34		
Non-manual (other)	1	-	5	4	1	3	7	3	7	6	5	1	1	-	27	17		
Manual (skilled)	3	1	16	5	13	5	17	1	21	5	18	1	4	1	92	19		
Manual (semi-skilled)	1	-	11	16	3	11	4	11	8	11	3	6	1	4	31	59		
Manual (unskilled)	4	5	23	13	17	8	11	6	19	5	16	3	2	-	92	40		
Manual (other)	-	-	1	1	-	1	-	-	2	-	-	-	-	-	3	2		
<b>Total</b>	<b>11</b>	<b>10</b>	<b>62</b>	<b>51</b>	<b>53</b>	<b>42</b>	<b>68</b>	<b>46</b>	<b>84</b>	<b>49</b>	<b>62</b>	<b>19</b>	<b>16</b>	<b>6</b>	<b>356</b>	<b>223</b>		

Unemployment, at all ages, is more prevalent among males than among females; it is least common under the age of 18, and, at 18, the unemployment /

unemployment rate is roughly trebled. At sixteen and seventeen, when unemployment is low, work is commonly unskilled or semi-skilled in type.

These figures reflect the trend, on leaving school, towards unskilled jobs (too often of a 'blind-alley' nature) with an increased risk of unemployment in the late teens.

The superior employment record of the females is doubtless related to the wide range of semi-skilled lighter work open to them, and to the keen demand for young female labour. As compared with able-bodied young people, the disabled girl is therefore at a less disadvantage than is the disabled boy in this heavy industrial area.

The relative stability and satisfaction of the main types of employment are contrasted in Table 2; office work and skilled manual work have the best employment record and, in general, with decreasing skill the stability of the job decreases and dissatisfaction on the part of the youth increases. The skilled jobs are eagerly sought after by parents and young folk alike, but these are also the jobs involving training and presuming basic education.

TABLE 2. /

TABLE 2.

Satisfaction and stability of different types of employment.

Employment at interview	%age never idle since registration.	%age with no more than 2 jobs since registration	%age satisfied with the present job
Non-manual Distributive	58.3	87.5	83.2
Non-manual Office	73.4	92.2	82.8
Non-manual Other	56.8	77.3	56.8
Manual Skilled	79.3	91.9	82.9
Manual Semi-skilled	75.5	85.6	78.9
Manual Unskilled	65.7	75.2	67.9

To assess the cumulative amount of unemployment since registration, use was made of an unemployment factor, which was obtained by the ratio:

$$\frac{\text{No. of months of unemployment since registration}}{\text{Total no. of months since registration}} \times 100$$

and simply expresses the percentage of the young person's life since registration which has been spent in unemployment.

TABLE 3. /

TABLE 3.

Extent of unemployment (since registration) related to  
nature of employment at interview\*\*

employ- ment factor.	Unem- :ployed	Non-manual Distribu- tive.	Non-manual Office	Non-manual Other	Manual Skilled	Manual Semi- Skilled	Manual Un- Skilled
0 (all em- ployment)	-	58.3	73.4	56.8	79.3	75.5	65.7
-24	24.0	12.5	9.4	22.7	10.8	13.3	19.0
-49	15.4	8.3	9.4	9.1	5.4	5.6	7.3
-99	26.0	20.9	7.8	11.4	4.5	5.6	8.0
00 (total un- employment)	34.6	-	-	-	-	-	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No.	104	24	64	44	111	90	137

\*\* Excluding 5 housewives

The high measure of stability of the manual skilled job is a striking feature. At the other end of the scale, one-third of the young people found to be unemployed at the time of interview had been wholly unemployed since registration and many more had experienced a great deal of unemployment.

In general, the disabled youth and his parents prefer a job which /

which is reasonably near home and which involves the minimum of travelling. When the immediate neighbourhood has only heavy work to offer, the youth may remain idle if he has no family contacts with jobs in more favourable areas; often he is intimidated by the prospect of seeking a job at the other end of the City. In this respect Bridgeton has a large number of small factories and mills where work is of a comparatively 'light' nature; Springburn on the other hand, with predominantly heavy foundries and steelworks, shows double the unemployment rate of Bridgeton. The employment patterns of the disabled youths registered at the three Glasgow Exchanges, which each contributed over 80 registrations, are contrasted in Table 4.

TABLE 4.

Employment related to the Exchange of Registration.

Nature of Employment	Bridgeton	Exchange South	Springburn
Idle	11.4	17.3	22.8
Non-manual (distributive & office)	17.0	13.6	17.8
Non-manual (other)	7.9	3.7	6.9
Manual - skilled	15.9	16.0	17.8
Manual - other	47.8	49.4	34.7
Total	100.0	100.0	100.0
No.	88	81	101

Relatively few of the disabled youths succeeded in getting the lighter (non-manual) jobs and there were too many doing 'unskilled manual' work, which ranged down to pick-and-shovel navvying. The employment of the disabled youth depended on complex factors, economic, social, medical and educational, and the interplay of these factors renders each youth a highly individual problem. The following case histories are quoted to illustrate some of the factors involved. Agnes M. is a girl of 17 whose mother is alive, the father being an unskilled labourer who is now disabled by a fractured elbow and wrist; she has two brothers at home, both earning. At the age of 12 she developed acute rheumatism and suffered from chorea a year or so later. She now has mitral stenosis. She worked for nine months in a bookshop but gave up the job because she found it uncongenial and she disliked the forewoman there. For the past three months she has worked as a waitress and "has just got to be satisfied" with the job, though it involves standing or running around all day in the tearoom and exhausts her at the 'rush' hours. Her employer is helpful and understanding and offered her a job in the cash desk which, she states, would have suited her down to the ground! However, she was scared by the responsibility involved in handling money. Though she was at school until 12 years of age (losing only 2 years' schooling /



schooling) she regards herself as educationally inferior to other girls and fights shy of the simplest arithmetic.

This girl has passed her 'control' examination and in no way did she seem dull; but she was one of many who undertook work which they realised to be unsuitable rather than attempt even a simple clerical job. Where many years of schooling had been lost, the resulting inferiority seldom seemed to be compensated.

Mary C. is an intelligent over-energetic girl of 19. Both parents are alive, the father being a fitter, and there are four sibs still at school. She developed mitral disease, following rheumatism, when aged 12, and lost 2 years' schooling. She started work in a warehouse lifting (among other packages) carboys of chemicals, and there had three 'cardiac failures' which were treated in hospital. She then developed pulmonary tuberculosis and received further hospital treatment for over a year. For the past five weeks she has been working as a shop assistant (standing all day) and her parents state she is 'played out' every night on coming home, though they have tried, unsuccessfully, to get her to take things easy. Mary states she is "fed up with doctors, clinics, hospitals and the rest of it", as they keep on telling her she must not work and she is bored doing nothing. She feels that all jobs seem to be unsuitable on medical grounds, so there's little point in choosing one from the other. Her parents are worried, but Mary's mind is made up very firmly, on the subject, and /

and her general attitude shows she will succeed in having her way.

Her fatalistic outlook is not uncommon among young people who have spent years of their life under hospital or medical restrictions and is fairly frequent among the tuberculous cases. Economic necessity may also prompt them to avoid doctors and clinics in case they may be ordered back to sickness benefit.

James R. is a bright, cheerful lad of 21 who developed pulmonary tuberculosis at the age of 16, registered under the Disabled Persons (Employment) Act at 18, and thereafter started his apprenticeship as a painter. However, the wages were poor, and "he didn't like the smell of paint anyway", so after six months he took up his present job of labouring with a firm of saw makers and has been there for fourteen months. He states quite frankly that "of course" the job is too heavy and he has recently noticed an increasing dyspnoea. After considering the problem, he has decided not to report this symptom to the clinic as he is fairly sure he would be put on sickness benefit. This is unthinkable, for domestic reasons. His father is dead and his mother works as a cleaner. One brother has just started a trade but only gets 25/- weekly; a sister is at school, is considered bright, and should really carry on with further education. If he stopped work now the family finance would collapse - just when they are beginning to shake free from the years of poverty following his father's death. They live in sub-let rooms and their chances of ever affording the rent for /

for a decent house would vanish.

Like most eldest children, when the father is dead, James has a very strong sense of responsibility. Such youths may seem quite ruthless in driving themselves into heavy or unsuitable jobs for the sake of extra money for the family. An example of this was shown by Donald M. - a lad of 20, with the diffidence and shyness which one came to associate with many years of childhood spent in hospital. When aged 4 he developed a tuberculous hip which involved treatment in a hospital for  $6\frac{1}{2}$  years. He has had only two years' schooling - in a special school. In the two years since registering as a disabled person he has had eight jobs of the manual unskilled type; each change of work has been in quest of higher wages, and as the pay has increased so has the labour involved. He is now a labourer with a firm which makes concrete pipes, carrying up bags of cement to the tradesmen. He has  $2\frac{1}{2}$  inches shortening of the leg but wears ordinary working boots at his job. He knows the work involves too much walking and that lifting bags of cement "is a killer", but "somebody's got to earn the money" as his father is dead and there are three other children at home, all of school age. He thinks he might look for a lighter job when one of his brothers is old enough to earn some money.

Educational limitation overshadowed the employment of John F. - a lad of 17 who developed a tuberculous hip when aged

4 and had only received five years' schooling, in an ordinary school. His residual disability was not severe - less than one inch shortening of the leg. He had a good home and the family had planned to make him a draughtsman. His father and two older brothers are in full employment, indeed they stated he didn't need to work, as far as they were concerned, but all were keen to see him get the job he longed for, as a draughtsman. After 2 years preparatory cutting of blueprints for the drawing office he was delighted with the job, the prospects, and the friends he had made - all seemed well. However, he failed to pass the educational entrance examination and was told he could not go forward as a draughtsman but would continue to cut blueprints until able to pass the examination. The whole family was upset and the mother states that, ever since, the boy seems to have lost his initiative, feels he is a terrible failure and "can't look people in the face" any more.

Some of the forces deciding which particular employment a young person takes up seem quite irrational, as in the case of many girls who leave congenial non-manual work for distasteful manual work involving physical distress, merely because their friends have gone elsewhere, or because new girls have arrived whom they dislike, or because the forewoman is a nag, or simply 'to be with the crowd'.

THE EFFECT OF DISABILITY ON THE NATURE OF EMPLOYMENT.

The pattern of employment in the main disability groups is shown in Table 5.

TABLE 5.

Employment at time of interview in relation to main disability groups.

Disability group	Unem- ployed	Non-manual Distribu- tive & Office	Non-manual Other	Manual Skilled	Manual Semi- Skilled	Man- ual Un- skilled	TOTAL	No.
tuberculosis (all forms)	22.5	15.3	6.3	19.8	15.3	20.8	100.0	111
poliomyelitis	8.8	20.6	8.8	35.3	14.7	11.8	100.0	34
mental	22.9	2.1	4.2	12.5	20.8	37.5	100.0	48
circulatory Diseases of	16.3	20.4	8.2	14.3	24.5	16.3	100.0	49
Bones	9.7	16.1	-	12.9	29.0	32.3	100.0	31
congenital Malforma- tions	3.7	29.6	11.1	18.5	7.4	29.7	100.0	27
accidents	13.4	23.9	6.0	13.4	12.0	31.3	100.0	67
diseases of Eye	12.9	12.9	6.5	29.0	12.9	25.8	100.0	32
diseases of Ear	8.3	-	5.0	48.4	18.3	20.0	100.0	60
diseases of Nervous System	38.9	9.7	13.8	5.6	12.5	19.5	100.0	72

Unemployment is easily highest among the group disabled by diseases of the nervous system, a group which includes the epileptics /

epileptics and congenital paraplegics. The groups disabled by tuberculosis and by mental defect show degrees of unemployment substantially above-average. Malformations, poliomyelitis, diseases of the ear and diseases of bones all show low unemployment rates. Non-manual work is commonest among the groups of congenital malformations, accidents, circulatory diseases and poliomyelitis, while skilled manual jobs are easily most frequent among those disabled by poliomyelitis and deafness.

Semi-skilled jobs are most frequent among the group of bone diseases (half of this group suffered from osteomyelitis). Unskilled manual work is high among the "mental" group, as might be expected; among the tuberculous and cardiac groups it is higher than could be wished.

The general employment picture is most favourable among those disabled by poliomyelitis and by deafness. The resettlement of the deaf group was uniformly good, indeed all those who had attended the special school for the deaf were employed in a skilled job, in the case of males, and at least in a semi-skilled job in the case of females. Their very good employment record is due to the excellent resettlement work of the Glasgow Outdoor Mission to the Deaf - a voluntary body - which, by effective contact with the youth and his home, before school-leaving age, achieves minimal unemployment and a very high degree of skilled work. The group 'Diseases of the Ear' in Table 5 includes several cases /

cases of chronic otitis media who have never been associated with the Outdoor Mission and therefore the figures do less than justice to the very fine resettlement work of that body.

Success in guiding the youths from the blind-alley, but financially attractive, manual unskilled jobs was obtained even where the home background was very unfavourable; deaf youths were almost invariably found in skilled jobs despite such adverse factors as broken family, gross overcrowding, and vile slum conditions. In addition, they enjoyed an intensive social life at their club and were a notably happy and active group. That this uniform success was not obtained without effort is shown by the brief history of a deaf youth who had never been associated with the Outdoor Mission.

John K. is now 20 years old and since the age of 2 he has had double suppurative otitis media which shows frequent acute exacerbations in cold or wet weather. Though not totally deaf, he is in fact deaf for all ordinary purposes, and he attended a special school for nine years, there starting to learn the trade of shoe-repairer. Unfortunately, he had a quarrel with the foreman and gave up shoe-repairing after about one year. He then took up manual unskilled labour which was plentiful and better paid. He is a tall, strong lad, able for hard work, but outdoor work sooner or later aggravates his otitis and he has severe earache when working in wind or rain. His father /

father is dead, his mother has to work outside the home and John has stumbled helplessly through almost a score of casual labouring jobs with much sickness and unemployment (about 36 months in all). At present he is labouring on a farm and is contented enough except for the disabling pain after outdoor work. He realises, only too well, his mistake in giving up cobbling, but he is 20 now and feels too old to start any trade.

The favourable employment record of the group disabled by poliomyelitis is doubtless related to a disability which is non-progressive, which seldom afflicts more than one member of the family, and not often involves the loss of many years' schooling

There is a belief that the character of the poliomyelitic patient tends to be robust and free from self-pity. Certainly, in this survey, these young folks' outlook on their disability was outstandingly healthy and free from emotionalism, and even in the presence of very severe paralysis many were almost ruthless with themselves in overcoming difficulties to achieve independence. Though apathy and fatalism were not commonly seen, successful resettlement still demands individual study and care. This particularly applies to the critical phase when the youth emerges from school or hospital and faces a competitive world for the first time. Three brief histories illustrate /



illustrate some of the problems involved.

Helen G. is a girl of 19 who has had both legs paralysed since the age of 3 and still cannot walk without the aid of 2 sticks. She spent nine years at a special day school, registered under the Disabled Persons (Employment) Act at 14, on leaving school, and stayed at home doing nothing for six months, as she had not been trained for any particular job. The family is comfortably off and the parents assumed she would never earn her living. However, after six months of boredom she started to visit a neighbour's office - only a hundred yards away - to pass the idle hours. Soon she became employed there, "was brought right out of herself" as her mother says and rapidly developed confidence. Since then, she has had four office jobs, each deliberately chosen and changed for another when she had sufficient experience of one particular branch of office work. She is now a qualified typist and book-keeper, is in no way afraid of travelling and is now planning the next step in her business career.

Margaret F. is a girl of 18 who developed a hemiplegia when two years old, spent six years at a special day school and four years at a special residential school. Thereafter she received /

received, at a training centre, a nine month's course in sewing and is stated to have done very well on her course. Her first job was in a tailor's shop but she found she was continually being sent on errands which involved tram journeys, liable to be jostled in traffic queues and pushed off tram platforms. After five months of this she tried another tailoring firm with similar unhappy results. She is a frail, timid, little girl who looks younger than her years, and she abandoned the second job after two months. She has now become housebound, keeping her mother at home and doing occasional tailoring for her friends. She goes errands but refuses any that involve crossing the busy main road. For eighteen months she has continued in this state and is now generally accepted by her family and friends as unemployable.

Alex. D. is a lad of 18 who had one leg paralysed when aged three and now has only a slight limp. He spent two years at the ordinary school, eight at a special day school. He is the youngest of a family of three, all of whom are earning, and is very much the ewe-lamb of his widowed mother, who was long convinced that he would never be able to work. The mother twice refused to entertain the Disablement Resettlement Officer who called at the house to offer Alec a job. The Officer persisted in /

in his appeal to her and for the past 3 years Alec has been steadily employed as a spectacle-frame maker - to the great delight of the whole family who had for years accepted him as an inevitable and life-long financial burden.

The effect of the nature of the disability on unemployment and the frequency of job turnover is expressed in Tables 6 and 7.

TABLE 6.

Percentage of time since registration spent in unemployment in relation to nature of disability.

Disability group	(full employment)	1-24%	25-49%	50-99%	100% (Total unemployment)	Total	No.
Tuberculosis (All forms)	50.5	19.8	9.0	15.3	5.4	100.0	111
Poliomyelitis	67.6	20.6	8.8	3.0	-	100.0	34
Mental	56.3	8.3	8.3	12.5	14.6	100.0	48
Circulatory Diseases of Bones	63.3	10.2	10.2	14.2	2.1	100.0	49
Congenital Malformations	51.6	25.8	12.9	6.5	3.2	100.0	31
Accidents	77.8	11.1	3.7	7.4	-	100.0	27
Diseases of Eye	70.2	14.9	2.9	10.6	1.4	100.0	67
Diseases of Ear	46.9	18.7	15.6	12.5	6.3	100.0	32
Diseases of Nervous System	80.0	10.0	1.7	8.3	-	100.0	60
	36.2	19.4	12.5	16.6	15.3	100.0	72

Table 6 shows the relative freedom from unemployment enjoyed by the deaf and the comparatively favourable experience of the poliomyelitis group. The good record of the small 'Congenital Malformations' group will be discussed later. Unemployment was prevalent among the groups disabled by nervous disease, diseases of the eyes, tuberculosis and mental defect.

Another aspect of the problem of employment concerns the number of jobs which the youth has held since registration. This is shown in Table 7.

**TABLE 7.**

Number of jobs since registration in relation to main disability groups.

Disability group	No jobs since registration	1 or 2 jobs	3-5 jobs	6 or more jobs	Total	No.
Tuberculosis (all forms)	5.4	79.3	5.4	9.9	100.0	111
Poliomyelitis	-	88.2	8.8	3.0	100.0	34
Mental	14.6	62.5	12.5	10.4	100.0	48
Circulatory	2.1	85.7	10.1	2.1	100.0	49
Diseases of bones	3.2	64.6	16.1	16.1	100.0	31
Malformations	-	85.2	7.4	7.4	100.0	27
Accidents	1.4	77.7	7.5	13.4	100.0	67
Diseases of eye	6.3	71.8	6.3	15.6	100.0	32
Diseases of ear	-	85.0	8.3	6.7	100.0	60
Diseases of nervous system	15.3	55.6	5.5	23.6	100.0	72

The group disabled by conditions affecting the nervous system shows frequent change of job associated with high unemployment; the group disabled by bone diseases, though having little chronic unemployment, also shows a high rate of job turnover.

The most stubborn resettlement problem in this survey lies with the 72 youths disabled by diseases of the nervous system. This group contains 26 epileptics and 42 cases of congenital paralysis ranging from involvement of one limb through hemiplegia to diplegia with athetosis. The epileptics showed a fairly uniform picture of unemployment unless and until medical treatment had controlled the fits. Without such control, the epileptic lives the life of an outcast, terrifying his workmates and most employers, intensely frustrated and likely to become the despair of his family.

Norman W. is a youth of 17 who began to take attacks of grand mal  $3\frac{1}{2}$  years ago. His schooling was practically complete; he had passed the control examination and became apprenticed to a baker. After two fits in the bake-house he was dismissed and thereafter tried five other apprenticeships in turn. Each terminated after one fit at work, and life became miserable and frustrating. At this stage he received treatment with epanutin and the attacks markedly improved. Whereas previously a fit occurred almost every day, he has now gone eight months without any and for these eight months /

months he has retained his job as a brickwork labourer. If he achieves a whole year's freedom from attack he has his plans ready for a much better job.

Norman's experience applies to the majority of the epileptics seen; some had tried over 20 jobs, unsuccessfully. All speak with feeling of the relief found in being accepted once more as a human being in their own circle and in industry. They feel that "educating the public" is a very poor second best to controlling the seizures. Since medical treatment achieves such dramatic success in certain cases (13 of the 26 were employed at the time of survey) it is disturbing to discover that of the 13 unemployed epileptics three were not receiving any form of medical treatment.

The employment position of young people disabled by cerebral diplegia is even worse than the epileptics. The severely paralysed, no matter how intelligent or capable they may be, do not seem likely to find work in Glasgow. As they themselves say, "People take one look at you and that's the end of any chance of a job".

Hugh W. is a youth of 19 with a good home background. He shows diplegia, occasional athetosis, and impaired articulation which makes his speech very difficult to follow. Despite this, he is a bright, intelligent lad, who realises that his chief drawback is, probably, his appearance and speech. He spent one year /

year at an ordinary school and  $7\frac{1}{2}$  years at a special residential school, leaving when aged 15 - four years ago. He would like very much to be a draughtsman but lacks the necessary mathematics. He has never worked. He appears to be a competent artist, albeit self-taught, and with guidance could perhaps be enabled to earn a living at commercial art. As he points out, he has had no training and has merely passed his days amusing himself at drawing and painting. Though he is extremely anxious to be economically independent like other people, he has an unusual appreciation of the difficulties involved and a very rare ability to see himself as others see him. He is well-read, is aware of recent developments in the rehabilitation of spastics and asks some very searching questions about the disablement scheme.

The only other group approaching the bad employment record of this 'nervous system' group is the 48 mentally handicapped, 43 of whom had been educated at special schools for the educationally retarded. The parents of these young people were unanimous on the marked social improvement that had accompanied settling down in a reasonable job. They all agreed that work of any sort was of enormous value and that a few weeks of idleness at home, after leaving school discipline, might easily render the youth unemployable.

John and Jean W. are twins, mentally handicapped. Immediately on leaving school Jean got a job as a tailor's machinist and is very happy in that work. Her mother says "she /

"she has grown up a lot" since leaving school and has become more responsible, settled, and easy to handle in every way - more than she had ever hoped or considered possible. John, on the other hand, has now been idle at home for eight months. Though the behaviour of the twins at special school is said to have been more or less similar, John has deteriorated rapidly under idleness; he has become ill-natured, difficult to manage, grimaces a lot (a recent development) and is obviously going downhill rapidly.

The mentally handicapped youth who has never worked is usually to be found in a "better-class" home where the parents seem unduly sorry for him (or unduly 'guilty' about him) and feel it is "wrong" to expect him to work. Such a youth may be given a room of his own, regular pocket money and encouraged to develop any interest he may have. After a few months of this protection even 'good' defectives are apt to become unemployable and to remain so, long after the parents have realised that some sort of work is essential to their general well-being.

In the main, the mentally handicapped are surprisingly happy in their jobs and all appear to have benefited from regular work. They are apt to be teased by their co-evals, and many are happily "placed" in a job merely because some kind-hearted workman or foreman has fathered them; but if this patronage is removed /



removed the lad frequently gets into trouble. These youngsters tend to be overlooked when rises in pay are due but the parents seldom protest as they realise the value of a job where the youth is reasonably settled and has made his friends, and are scared he may lose these advantages if they query his pay-packet. Parents repeatedly stressed the disturbing effect on the youth of sudden changes of work, workmates or friends, and many had forebodings that, on their own death, the lad would break down if left with strangers.

In the case of mentally handicapped youths, whose parents are themselves defective, home conditions are often extremely bad and the youth may act, and smell, more like an animal than a human being.

The experience of this survey has been that mentally handicapped girls can manage many of the jobs their normal sisters usually do, such as packing, tailor's machining and the like. On the other hand, the defective boys as they grow older appear more defective by comparison with the greater skills their brothers now possess; financially, at least, the boys suffer, by comparison, more than the girls. Thus, one backward girl of 17 earned more as a packer than her father did as a manual unskilled labourer (a rubber-mixer) and the father's behaviour and war record did not suggest any deficiency whatever. The girls, in general, find their disability progressively less crippling /

crippling; soon they and their parents may be scarcely conscious of it. In a "good" family the girl develops a routine of regular and steady habits, applies herself to her work as the mother directs, and not uncommonly gives her parents less trouble, works better and earns more money than her normal but more adventurous sister.

THE EFFECT ON EMPLOYMENT OF REGISTRATION UNDER THE  
DISABLED PERSONS (EMPLOYMENT) ACT.

Table 8 compares the type of employment at interview with the type of employment which the disabled youth held before registration.

TABLE 8.

Employment before registration	Present Employment							Total
	Unem- ployed	non- manual	Manual Skilled	Manual Semi- Skilled	Manual unskilled	Desig- nated employ- ment	Other employ- ment.	
a) Where change in work.								
Non-manual	3)	24)	1)	5)	5)	1)	1)	40
Manual	)	)	)	)	)	)	)	
Skilled	5)	8)	9)	2)	7)	1)	-)	32
Semi-skilled	3)	5)	-)	13)	5)	1)	2)	29
Unskilled	15)	10)	9)	8)	26)	5)	2)	75
Other	2)	6)	5)	1)	4)	-)	1)	19
From previous job	44	45	58	45	66	3	4	265
b) Where no change in work.								
Same employment throughout	-	23	29	16	18	-	1	87
Never worked at any job	32	-	-	-	-	-	-	32
Totals	104	121	111	90	131	11	11	579

These figures show extensive alteration of employment following registration. A fall in unemployment has occurred. Though many of the 265 with 'no previous job' are school-leavers registered as disabled by the special school. Non-manual and manual skilled work are the most stable and satisfying of all the jobs the youths attempt. Before registration there were 40 youths in non-manual and 32 in skilled manual work. Of these 72 only 42 remained in their favourable employments following registration; 12 became unskilled manual workers, 7 became semi-skilled workers, 8 became unemployed and 2 became lift-attendants. In this group at least, registration was not followed by a bettering of their employment.

Of the 111 youths at present in skilled manual work only 14 were previously engaged in unskilled manual work. Of 75 youths who had done manual unskilled work before registration, 10 obtained non-manual work, only 9 obtained skilled manual work.

There are 64 youths at present engaged in office work and they have been recruited from previous jobs as follows:-

No previous job	23	
Other non-manual	13	
Non-manual office	16	-- (These 16 have had the same
Manual skilled	1	(job before and after registration
Manual semi-skilled	1	
Manual unskilled	3	
Manual other	<u>7</u>	
	64	

In general, registration was followed by a loss of employment /

employment status among the non-manual and skilled manual workers and there was no marked trend from unskilled into skilled employment.

In 165 cases the stimulus to registration originated with a special school; in 158 with a Labour Exchange; in 96 with the employer; in 114 with the doctor or hospital, and in the remaining 46 cases with a variety of agencies - generally parents, the youth himself, on the advice of workmates, or on rejection by the Forces.

297 of the youths had never held any job before registration. Of these 32 have remained totally unemployed; the remaining 265 are classified in Table 9 according to the source of their registration and their present employment.

TABLE 9.

Source of registration, related to present employment, of the disabled who had no job previous to registering.

Employment interview.	Special School	Exchange	Employer	Doctor or Hospital	Other	Total
Unemployed non-manual	23	10	-	13	-	46
Distributive	4	2	-	-	1	7
Office	1	6	3	12	2	24
Other	8	4	2	3	-	17
Manual skilled	42	7	-	8	1	58
semi-skilled	24	11	3	7	-	45
unskilled	26	26	1	13	2	68
Total	128	66	9	56	6	265

The table shows that special schools register a population favouring skilled manual employment but showing a low 'office' element; the youths registered by employers have all avoided unemployment; the hospital registrations tend to favour office work; and the registrations prompted by Exchanges show more than half in semi-skilled or unskilled manual labour.

When the nature of employment of all the disabled in the series is related to the source of registration, those registered by employers are found to enjoy a very striking freedom from unemployment.

TABLE 10.

Source of registration in relation to present employment.

Employment inter- view.	Special School		Exchange		Employer		Hospital, Doctor and others		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Male	21.9	15.0	22.1	20.4	-	5.1	23.8	28.0	
Non-manual- Office and Distributive	2.9	5.0	8.7	24.1	32.4	23.8	13.8	38.0	
Non-manual Others	4.7	11.7	10.6	3.7	10.8	6.8	6.4	8.0	
Manual skilled	40.0	20.0	19.2	3.7	24.3	8.4	19.3	-	
" semi "	8.6	15.0	5.8	24.05	10.8	33.9	11.0	14.0	
" unskilled	21.9	33.3	33.6	24.05	21.7	22.0	25.7	12.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	Total
No.	105	60	104	54	37	59	110	50	579

Employers' registrations further show an unusually high proportion of male office and distributive workers, though the sex-ratio of the group differs from other registration groups. When the source of registration is analysed according to the duration of tenure of the present job, cases registered at the instigation of employers are found to differ from the others in that 70% have held their jobs for over 2 years, as shown in Table 11.

TABLE 11.

Period for which present job held in relation to source of registration.

Period present job held	Special School	Exchange	Employer	Hospital Doctor & others	
Idle					
Less than 1 year	19.3	21.5	3.1	25.0	
" " 2 years	40.0	40.5	18.8	46.3	
" " 2/3 "	15.8	12.7	8.3	10.6	
" " 4/5 "	17.6	24.0	25.0	11.9	
	7.3	1.3	44.8	6.2	
Total	100.0	100.0	100.0	100.0	Total
No.	165	158	96	160	579

Of young people who continued to hold, at the time of survey, the same job as they held prior to registration - 111 in all - employers prompted registration in 69 cases. These 69 cases formed a considerable proportion of the 96 total registrations instigated by employers.

The employers' registrations enjoy a large measure of favourable employment with minimal idleness, unusually stable; the subjects are frequently girls or male clerical workers; three-fourths remain in the same job as they held before registration. This group of registrations particularly singles out malformations, injuries and, a little less commonly, poliomyelitis.

TABLE 12.

Percentage of cases registered by employers in the main disability groups.

Disability Group	No. in Group	Percentage registered by employer
Poliomyelitis	34	23.0
Mental	48	4.2
Circulatory	49	18.4
Diseases of Bones	31	19.4
Malformations	27	40.7
Injuries	67	31.3
Ear Diseases	60	6.7
Diseases of Eye	32	6.3
Diseases of Nervous System	72	19.5
Tuberculosis	111	9.9

Closer examination of the group of congenital malformations, whose registration was at the behest of the employer, shows that in all cases the disability was usually minimal, and often trifling. Thus, the employer had registered 4 out of the 5 cases of congenital dislocations of hip encountered. All four /



four were skilled office girls who sat at their desk most of the day; all had little or no disability and were bewildered by the purpose of this survey. One of the four, a typist, had won several medals for ballroom dancing, though in her childhood, she admitted, she did have a slight limp. Sometimes, these girls were unaware that they had been registered as disabled, or had forgotten all about it. One girl had refused her employer's request to register until her mother was taken out to lunch and persuaded to coax the daughter who had a superficial scarring of the arm, the result of an injury, without residual disability. Another girl, employed as a packer of custard powder, was registered on account of an alleged stammer - which the parents said had never existed. Three youths refused to be interviewed because, they stated, they had no disability though registered by the employer as disabled; they felt it was unfair "to the real disabled" for them to be regarded as disabled persons. Some parents complained that they were vague as to how they stood in the event of refusing the employer's request to register the youth as disabled, as they knew the employer had to employ a "quota" of 3% registered disabled persons.

SATISFACTION WITH PRESENT JOB AND REASONS FOR LEAVING  
PREVIOUS JOBS.

A common attitude of the males covered by the survey was that their job was unsatisfactory but "you've just got to like it". For instance, one youth of 20 lost his left hand in a butcher's mincing machine shortly after leaving school. Only a stump of his thumb remains of the digits, but despite this he has done "pick and shovel" work as a road navvy for the past twenty-one months. He feels that nobody is likely to offer him a better job, so he might as well make the most of his present one. In any case, he says, he is too old for training now. He has "just been unlucky" to lose his fingers, but on the other hand he feels lucky, and content, to be able to work at all.

In view of such stoicism the term 'satisfaction' as applied to employment has a very restricted meaning. In this survey 'dissatisfaction with present job' was recorded only when it involved a specific factor and when expressed spontaneously. The reasons for leaving previous jobs were, however, sought by direct questioning and are probably, in most cases, the real reasons. Ground for dissatisfaction were many and varied. Girls seemed to be more influenced by personal factors than were the males; a nattering forewoman or the departure of friends caused some girls to throw up an otherwise /

otherwise desirable job.

Using the grouping adopted by the Registrar-General, 'satisfaction' in general decreased with the social class of the employment; (broadly, class 3 may be taken as skilled artisan workers, class 4 as semi-skilled and class 5 as unskilled.) Dissatisfaction with the present job on medical grounds is much less common in the skilled job.

TABLE 13.

Outlook on present employment related to the social class of that employment.

Outlook on present job	Social Class of job		
	3	4	5
'Satisfied'	82.1	73.7	66.0
Incompatibility with workmates	0.4	2.1	1.3
Not learning enough	0.4	-	-
Low wages	4.0	5.3	6.1
Prospects poor	2.6	4.2	12.3
Job uncongenial	2.2	1.0	3.4
Travel difficulties	3.5	1.0	0.7
Medical reasons	1.3	8.4	7.5
Hours too long	-	1.1	0.7
Other reasons	3.5	3.2	2.0
Total	100.0	100.0	100.0
No.	227	95	147

Since registration under the Act, 252 disabled young people had left one or more jobs; the main reasons given for leaving /

leaving their jobs are summarised:-

<u>Main reasons for leaving previous jobs.</u>	<u>No.</u>
Medical	95
Job Uncongenial	59
Paid Off	31
Disliked workmates or foreman	22
Pay too low	19
Domestic reasons	10
Prospects poor	8
Travel difficulties	6
Hours too long	2
	<u>252</u>

The medical reasons referred directly to their disability and were the most frequent factor responsible for change of job.

Fairly typical of the disabled youth who has never succeeded in getting the right job is the history of Marion A. She is now 17, developed rheumatic carditis at 8 years of age, and registered as disabled when 14. Her five jobs since registration are shown, with the reasons she gave for leaving them.

Employment	Duration of Job	Reason for change
I. Shop Assistant at cash desk	3 months	She was no good at counting money.
II. Shop Assistant at counter	6 weeks	Always out of breath; far too heavy.
III. "On a machine with a printing firm"	8 months	Not a bad job, but she was nervous of machine.
IV. Tailor's pressor (machine)	9 months	A good job, but was paid off
V. Labouring in paper mill	6 weeks	Out of breath; far too heavy; lifting paper bales "kills her".

Of all the disability groups the cardiac expressed the highest dissatisfaction, on medical grounds, with their present job. Over 12% of the cardiacs stated their present job distressed them physically; the next highest group so to complain was the tuberculous, 7% of them being dissatisfied for medical reasons. Cardiac cases are not easily settled in suitable employment, but in the case of young folk much "resettlement" takes the form of trial and error by the young cardiac himself, with severe penalties for the glaring errors committed in their enthusiasm to work and earn, at all costs.

Joyce M. is a girl of 16 who was diagnosed two years ago as having rheumatic valvular disease. She is a cheery, intelligent and determined girl who was a good pupil at school and realised that she would do best in an office job - the school doctor had prepared herself and her mother for the implications of his diagnosis. Accordingly, she got a job as an office-girl and spent five months "doing messages". This involved constant walking, travelling and climbing Glasgow tenement stairs. The mother, who had taken to heart the guidance of the school doctor, 'was amazed how the lassie stuck it' and was beginning to feel there might have been a mistake in diagnosis, but five months after leaving school Joyce had a 'cardiac failure' and is now completing six months of bed rest. She has spent her time learning shorthand and has /

has decided she must add to this typing, in order to short-circuit the "message-girl" phase of an office career. She realises quite clearly what has happened and is reacting accordingly. She knows she must succeed, as she is the only potential bread-winner in a disabled household of four.

In some cardiac cases who were reasonably well-settled, success seems to have been won in a manner almost provokingly simple. Typical of this group was Helen D. who is now 19 and was known to have rheumatic valvular disease since she first went to school. On leaving special school at the age of 15 she started serving at the counter of a large bakery-shop and spent one year there. Her health deteriorated, she became out of breath, was always tired, looked pale and had no energy. Her parents discussed the situation with the employer who was most co-operative. She left the counter and was instructed how to run the books as a wages clerk and she has been doing this successfully for over two years. Her health is now excellent; she can sit down at this job whenever she wishes and the parents state she is "an entirely different girl".

Occasionally, the evil reputation of "heart disease" makes some parents receive the diagnosis as they would that of inoperable cancer. Typical of this group was Robert B's family.

Robert is now 22 and first developed rheumatic fever when /

when aged 10. Since then he has had rheumatic fever three times and after his last discharge from hospital, 3 years ago, he gave up his job as apprentice fitter, which he liked very much, and has remained idle. He is an only child, his father being employed as a fitter. For three years now Robert has had a pleasant enough routine, chiefly centring on his great interest and hobby - radiomechanics (he reads up all the books on this subject). His outlook, and that of his parents, is that after four attacks of rheumatic fever his continued existence is rather miraculous, and that it is unwise for people with heart disease to work. He has no dyspnoca, even on running upstairs, though he admits that he sometimes feels a little tired on the day following a heavy football match or when he has been running around too much. He keeps very late hours, enjoying himself, but makes up for it by staying in bed in the mornings and forenoon. He has not seen a doctor for two years - "there's not much they can do for heart disease". It was clear, after a lengthy interview, that none of the family had considered Robert's ultimate future; indeed the fatalistic outlook on his disability did not presume a future for him.

These varying reactions to heart disease, which have been quoted, are seen in all types of disability. Although dissatisfaction with the present job on grounds of physical distress was greatest among the cardiac group, from the employment /

ment point of view, the reasons for this distress are common to all groups of disability.

The 46 cases of carditis encountered in the survey fell into three main employment groups:

- (a) 8 unemployed at follow up.
- (b) 14 employed, but complaining of dyspnoea, oedema of ankles, or exhaustion at the end of the day.
- (c) 24 employed, with no complaints of physical distress.

Group (a). Of the 8 unemployed cardiac cases two had ceased working for domestic reasons - one to get married, the other to help her mother at home. The remaining 6 had given up their jobs on medical grounds; one was last employed washing out beer barrels, the second as a message girl in an office, the third as a shop assistant - standing all day, the fourth as an "oil-can boy" (which involved carrying drums of oil), the fifth as an envelope maker, and the sixth as an apprentice fitter.

Group (b). Were employed as under:-

- 1) Rope-work labourer.
- 2) "Washer" in a ginger factory (standing all day)
- 3) Boiler of sweets (standing all day)
- 4) Machinist in rubber factory (standing all day)
- 5-9) 5 Shop assistants (standing all day)
- 10) Tinplate cutter in chromium factory.
- 11) Maker of cigarette lighters
- 12) Bartender.
- 13) Scavenger.
- 14) Driller in engine shop.



Five of the 14 refuse to see their doctor - two because they know he will put them off work and feel that the family finance will collapse if they are forced to live on sick benefit.

Another says he is "fed up" with doctors and with the enforced boredom that results from their advice and certificates.

The bartender wants an easier job, not to be told he shouldn't lift boxes of beer or shift barrels. The corporation scavenger wants to forget all about doctors and the disablement scheme, as he thinks that already his promotion and chances of superannuation have been adversely affected by both.

Though all of this group complain of distress only 6 of the 14 express dissatisfaction with their job on this account; the remainder prefer even a bad job to no job at all.

Group (c). The 24 cardiac cases who did not complain of physical distress were employed as (1) lawyer's clerk; (2) seedsman; (3) dispatch clerk; (4) & 5) wages clerks; (6) dispenser; (7) labourer in a cork factory (sitting down); (8)-(12) 5 packers of various small articles (biscuits, thread, lace, etc.); (13) buttonholer; (14) dressmaker; (15) upholsterer; (16) spectacle frame-maker; (17) invoice clerkess; (18) hosiery examiner; (19) twister in textile mill; (20) feeder in textile mill; (21) milliner's assistant; (22) tram conductor; (23) house-painter and (24) sheet metal worker (this last lad had only been /

been so employed for the past three months).

There are no clerical or millinery jobs in the unfavourable groups (a) and (b) which, in the main, contain the unskilled manual jobs which involve standing all day, notably the job of shop-assistant. Repeatedly these cardiacs have discovered to their cost that a "job with a stool" provides their only relief from physical distress.

THE INFLUENCE OF EDUCATIONAL ATTAINMENT ON  
EMPLOYMENT.

As a rough measure of the level of educational attainment success in passing the control examination was used. This examination is generally taken by the age of 12. Of the 579 young people, 280 passed the examination; 294 did not pass it, and this information was not available in 5 cases. Table 14 relates success in the examination to the total years of schooling received by the youth. Those passing the exam. showed only 5 youths with 6 years schooling, or less; those not passing showed 54, with a similar loss of schooling.

TABLE 14.

Success in passing control examination related to total years of schooling received.

Success in Examination	Total Years of Schooling Received												Total
	Nil	2	3	4	5	6	7	8	9	10	11	†	
Passed	-	-	-	-	2	3	16	22	179	36	22		280
Not Passed	1	5	10	11	10	17	15	25	93	62	45		<u>294</u>
													<u>574</u>

The 2 youths who passed the ir examination with only 5 years schooling were asthmaticx with intermittent loss of schooling which allowed them to keep up with their class work.

The 59 youths with only 6 years schooling or less were disabled /

disabled by the following diseases; tuberculosis of bone or joint 34, osteomyelitis 5, asthma 4, carditis 5, congenital spastic paraplegia 3, epilepsy 2, miscellaneous diseases 6.

Using the control examination as a standard, the subsequent employment history was found to be related to the level of educational attainment as shown in Table 15. This is more noticeable among the males where poor educational attainment is accompanied by a doubling of unemployment, and a very low proportion of non-manual employment. In both sexes, success in the control examination has no significant effect on the proportion of youths in skilled manual labour.

TABLE 15.

Success in passing control examination in relation to present employment. \*

Employment at Interview	Males		Females		Total
	Examination passed	Examination not passed	Examination passed	Examination not passed	
Unemployed	13.6	27.1	13.6	18.8	
Non-manual	29.4	7.9	39.8	19.7	
Manual skilled	24.3	26.6	7.8	9.4	
" semi-skilled	6.7	10.7	22.3	30.7	
" unskilled & others	26.0	27.7	16.5	21.4	
Total	100.0	100.0	100.0	100.0	
No.	177	177	103	117	574

\* Information not available in respect of 5 young people.

The total in Table 15 includes 43 young people diagnosed as mentally /

mentally handicapped - a very unfavourable loading - and 60 in the "Diseases of Ear" group who, though seldom presented for the control examination, have a specially favourable employment record because of the previously mentioned activities of the Outdoor Mission for the Deaf. Table 16 omits these youths who are either mentally handicapped or are disabled by deafness.

Table 16.

Present employment of youths, who are neither deaf nor mentally handicapped, related to success in the control examination.

Employment at Interview	Males		Females		Total
	Examination passed	Examination not passed	Examination passed	Examination not passed	
Unemployed	14.1	31.6	14.6	19.8	
Non-manual	31.2	10.5	41.7	23.1	
Manual, skilled	23.5	21.1	7.3	6.6	
" semi-skilled	6.5	10.5	22.9	26.4	
" unskilled	24.7	26.3	13.5	24.1	
Total	100.0	100.0	100.0	100.0	471
No.	170	114	96	91	

The males in Table 16 who did not pass the examination have an even higher rate of unemployment than those in Table 15, though otherwise there is no significant difference between the two.

293 of the young folk had received all their education at an 'ordinary' elementary school; 140 received all or part of their education at special day schools for handicapped children; 60 deaf children had, in the main, attended the special school for the Deaf, while a small group of 37 had received all or part of their education in a special residential school. The subsequent employment experience of these scholastic groups is shown in Table 17. The group of mentally handicapped children is not included in Table 17; their employment record is shown in Table 5.

TABLE 17.

Employment experience of 530 disabled youths in relation to their source of schooling.

Employment at follow-up	Source of Schooling			
	Ordinary School only	Special Day School for Physically-Handicapped Children	Special "Deaf" School	Residential School
Employed	16.4	26.4	8.3	18.9
Non-manual	31.0	21.5	5.0	13.5
Manual skilled	13.0	16.4	48.4	40.5
" semi-skilled	13.3	20.7	18.3)	27.1
" unskilled	26.3	15.0	20.0)	
Total	100.0	100.0	100.0	100.0
No.	293	140	60	37

The special 'Deaf' School, as previously noted, is outstanding /

outstanding in its very high proportion of ex-pupils in skilled manual work and in its low unemployment rate. Though the numbers are small, the residential schools also achieve a high degree of skilled manual work. The special day schools, on the other hand, show 26% of their former pupils unemployed and a lower non-manual element than the 'ordinary' school provides.

Criticism of the policy of sending physically disabled children to the present special day-schools was very general among parents and ex-pupils; <sup>an</sup> opinion commonly expressed was that special-school education in itself constitutes a handicap. Particularly bitter was the criticism of teaching physically and mentally handicapped pupils in the same classroom - which does occur in certain Glasgow schools.

Calum M. is an energetic, forceful and intelligent young man of 21 who developed poliomyelitis when aged 2, and whose right hand is now almost useless. He works as a costing clerk, but spent most of a long interview reciting the evils and injustice of being sent to the special school where he received his education - nine years in all. He states that all his life he has been unable to understand why he was debarred from ordinary education, and still can see no reason for it. He passed his control examination at the age of 11 years, but will give the special school no credit for that, as he had brothers at home to coach him. He states that while forced to attend the special school he was physically fit enough to play /

play for the football team of the 'ordinary' school near his home and he impresses as being the type to do so. He insists that his life has been adversely affected by being an ex-special schoolboy. On taking commercial classes at night-school he felt quite lost and had to work 'like a black' to keep up with the class; he knows none of his ex-special school friends who have been able to make much use of night-school classes. His bitterest grievance is that people always considered him somehow mentally abnormal to have required special education, and he is quite convinced that, allowed ordinary education, he would be in a much better paid job than his present one of costing clerk.

Alec Y. is now 18 and had a double mastoidectomy following suppurative otitis media at the age of 8. He wears a hearing aid quite successfully and is happily settled at his trade as a french-polisher of coffins, but his mother is one of many who are still resentful at his transfer to a special school when aged 12 (after he had passed his control examination). She forcibly removed him from special school after a year, as he was starting to 'act queer'; hiding his schoolbooks under the bed so that none should see his great disgrace - his new school reader started off with the poem "Twinkle, twinkle, little star" in 'baby' print. Unfortunately, his friends in the street had discovered this and their twitting on the subject made his life miserable. His mother states 'it sounds funny enough now' but at the time his unusual behaviour alarmed her /



her and she felt that obviously he could learn nothing further but would only increase his misery, by remaining at the special school.

These two cases illustrate the very common resentment and criticism which the special school provokes.

A less obvious effect of lack of schooling is a certain emotional immaturity which at first sight suggests mental deficiency:-

Chrissie S. is a bright, cheerful girl of 18 who developed a tuberculous knee joint when aged 2. She has had only two years education - in a special school; she can read and write but has little confidence in her spelling, and is overcome by figures. She appears quite intelligent, has a very successful arthrodesis, and states her only disability now is her lack of education. She has worked for two years as a button-sewer, is well aware that this is a blind-alley job, and is very ashamed of its status, as her friends are all embarking on careers in office and University. Her mother girds at her all day long for not getting a better job and prophesies a horrible doom for her when her parents are dead and she is left alone in the world. Chrissie has a feeling of utter helplessness, doesn't know where to begin and has already spent three years drifting hopelessly along. To accentuate her handicap, a young sister can spell and figure much better than can Chrissie.

Her case illustrates the lack of drive and the helplessness so frequent in those who have spent years in hospital - often being nursed /

nursed in a helpless position, as on a plaster bed. They tend to be over-mothered and as young adults may seem quite immature. Thus one youth, who had lost seven years of schooling while in hospital, could not interview an officer of the Employment Exchange unless his mother accompanied him, though he was over 19 years old and doing rough manual work. This immaturity is often noticeable among tuberculous bone and joint cases. Poliomyelitics, often with severer disability, seemed much more forceful, even aggressive, by comparison.

Disabilities involving lengthy hospitalisation are usually associated with poor scholastic attainment, as is suggested in Table 18:

TABLE 18.

Percentage of certain disability groups passing the "control" examination.

		Disability Group				
		Non-Pulmonary Tuberculosis	Diseases of Bones	Polio-myelitis	'Accidents' Group	Cardiac Group
Percentage passing Control Exam.		40.2	45.2	50.0	70.2	73.4
No. in group		77	31	34	67	49

The young folk themselves only too well appreciate the dilemma that gross educational lack presents; on the one hand skilled non-manual /

manual work seems beyond them as they are scared of figures - on the other hand their physical disability, and the doctor's advice, strongly suggests, or demands such non-manual work.

It usually seems easier to ignore the limits of physical disability than those of educational poverty. The sense of inferiority, based on educational lack, seldom allows these young people to attend night-school classes; though many were attempting at home to fill in gaps in their schooling, few seemed to succeed without help, although they realised the only escape from manual labour lay in further education.

An instructive, though unique, example of successful resettlement following severe educational loss is shown by Charles R: He is a lad of 18 $\frac{1}{2}$  who for 16 years has had continuous treatment for a tuberculous spine, and of these years he has spent six in hospital, two in a special day school, two in a special residential school and most of the remaining time in convalescent homes. He has been taught no trade or special skill, wears a spinal brace and has only now been passed as fit for light work. His father is dead, and he shares a bed with his grandfather - a retired coal-face worker. The home is poor and his family has spent years of worry over his health. He has no confidence whatever in his ability for a clerical job.

With such a background and history his future seemed gloomy. However, during his years in hospital he had spent all his time making models of ships and aeroplanes - indeed this is his sole interest /

interest in life. An officer of the Labour Exchange, inspired, had him started as a paid trainee making models for the local museum.

The whole family are delighted with the outcome and with the disablement scheme; the lad himself is overjoyed with a job which exploits his only available skill. There is little doubt that, unassisted, the alternatives open to Charles were chronic unemployment or manual labour.

APPRENTICESHIP.

153 youths were undergoing apprenticeship or a period of training at the time of survey. 8 of these were certified blind persons training in basket-making at the Glasgow Blind Asylum. 30 deaf youths under the aegis of the Outdoor Mission to the Deaf were apprenticed in boot repairing (12); tailoring (5); french polishing, lens making, market gardening, book-binding, glazing, stone masonry, saddlery, etc.

These 38 are not considered below. The occupations of the remaining 115 are shown in Table 19.

TABLE 19.

Employment at interview of 115 apprentices and trainees.

Employment at Interview	Males	Females	Total
Non-manual Distributive	4	3	7
" " Office	10	12	22
" " Other	5	1	6
Manual, skilled	58	11	69
" semi-skilled	6	5	11
Total	83	32	115

The 'non-manual' other' group contained such jobs as seedsman and nurse. The 'manual skilled' had a wide range - boot-repairer, sheet iron worker, coppersmith, painter, electrician, baker, cabinet /

cabinet maker, watch repairer, french polisher and the like. The manual skilled females were employed chiefly in the tailoring trade as kilt-makers and dressmakers. The semi-skilled included leather stitchers, spectacle frame makers and such jobs as tailors' finisher.

These trainees were drawn from all disability groups. Two epileptics were apprenticed in the tailoring trade. The mentally handicapped were employed as chromium platers and in boot repairing.

<u>Disability Group.</u>	<u>No. of trainees or apprentices.</u>
Poliomyelitis	18
Tuberculosis	28
Circulatory	11
Asthma	6
Mental	6
Injuries	21
Epilepsy	2
Malformations	13
Osteomyelitis	5
Chronic Bronchitis	2
Otitis media	1
Defective vision	1
Dermatitis	1
Total	<u>115</u>

The unemployment rate since registration of these trainees was very low and their job stability high. Fourteen expressed dissatisfaction with their present job; five found it uncongenial, four on grounds of travel difficulties, four because of low wages and one complained of physical distress - he was a cardiac employed /

employed as an engine-shop driller.

62% had passed their school control examination, the average for the whole series being 50%. Whereas the fathers of 15% of the 579 young people covered by the survey were unemployed, only 3 of the 115 apprentices were children of such fathers. Only a third of the fathers in the whole series were in skilled or semi-skilled jobs; over half the fathers of apprentices enjoyed this favourable employment. Of all the youths in the series 17% had been in unskilled manual work before registration, whereas only 5% of the apprentices had previously been in unskilled work.

Thus, in general, the youths undergoing training were a favoured group in their education, their home background and their avoidance of the unskilled job which so frequently turns out to be a blind alley.

With the exceptions mentioned they were a contented and happy group, free from the bitterness and feeling of grievance which were very common in other groups less favourably employed.

UNEMPLOYMENT.

104 youths were unemployed at the time of survey, of whom 32 had never worked since registering as disabled persons.

These 32 comprised 8 mentally handicapped youths 4 of whom lived in slum houses so evil and unkept that the parental apathy was probably due to mental deficiency, the other 4 lived in good houses with 'grown-up' families, all employed, who seemed to cherish the youth unduly. Five spastics and six epileptics were so badly disabled that they were unable to get any job and four cases of pulmonary tuberculosis had been under continuous medical treatment since their registration. One lad, with a leg amputation, had waited several months for the repair of his limb; one other was in prison, another in hospital. Thus 26 of the 32 totally unemployed appeared to have sufficient reason for their lack of work. There remained 6 who did not appear to be severely disabled, though they had never worked. 2 had defective vision, one had diabetes mellitus - quite well controlled, one had an osteomyelitis of the leg, one had a tuberculous osteitis of the leg. The sixth of this small group had had rheumatic fever and though apparently able for sport and recreation accepted his parents' outlook that 'heart cases' should not work. The only apparent reason for the continued idleness /



of the 5 youths with comparatively slight disabilities was the fact that they all were sons of chronically unemployed fathers and their general outlook was one of apathy.

72 youths were unemployed but had worked in at least one job since registration. Their disabilities were: Tuberculosis 18, congenital spastic paralysis 8, carditis 8, epilepsy 7, asthma and bronchitis 5, mental handicap 4, deafness 4, amputations 4, injuries 4, poliomyelitis 3, and 7 were single cases of miscellaneous disabilities.

36% of these 72 youths had passed their control examination compared with 50% for the whole series.

34% of the 72 unemployed youths had both parents alive with the mother not employed outside. The equivalent rate for the whole series was 48%.

Since registering, 28 had been employed in only one job, 9 in only 2 jobs, 17 in 3-6 jobs, 18 had attempted 7 or more jobs. The reasons given for leaving their jobs were:-

Medical Reasons	39	(95)
Job Uncongenial	14	(59)
Paid Off	10	(31)
Domestic Reasons	6	(10)
Travel difficulties	1	(6)
Dislike of workmates	1	(22)
Pay too low	1	(19)
Prospects Poor	Nil	(8)
Hours too long	Nil	(2)
Total	72	(252)

In brackets are shown the reasons given by all the youths in the /

the series who had left one or more jobs. Medical reasons are relatively more common among the 72 unemployed, and 'uncongenial job' is also given as a reason for leaving employment more frequently than in the series as a whole. Those unemployed youths who have had only one or two jobs most frequently leave because of physical distress; with a history of 3 or more jobs "uncongeniality" is increasingly given as the reason for leaving, thus one youth, mentally handicapped, stated that none of his 18 jobs were suitable - "he just didn't fancy them".

The main trend of employment was taken in those cases with several jobs, and the employment of the 72 unemployed youths is shown below. Unskilled manual labour is extremely common, only 7 having tried office or skilled manual work.

TABLE 20.

Previous Employment of 72 youths, unemployed at time of survey.

Previous Employment	No.
Non-manual Distributive	6
" " Office	2
Manual skilled	5
" semi-skilled	9
" unskilled	50
Total	72

The 2 office workers and the 5 skilled manual workers became unemployed for these reasons; 4 were relapsed cases of pulmonary tuberculosis /

tuberculosis, 1 was a congenital cardiac who became very dyspnoeic, 1 leg amputee broke his limb and was awaiting its repair, 1 lad with an anxiety state threw up his job for no obvious reason.

The assets of this group of 72 unemployed may be said to be 'marginal' in that their disability tends to be marked, their educational and home background is a little below average, and the prevalence of manual labouring among them, accentuating their disability, is likely to provoke breakdown and unemployment.

Of 104 unemployed in this survey only 24 had been unemployed for less than 5 months; that is, the unemployment among these disabled youths is largely "long-term".

#### MEDICAL AIDS AND APPLIANCES.

Medical aids and appliances were required and provided in 113 cases.

It was estimated that in a further 52 cases medical aids or treatment was required but not obtained; this is necessarily an arbitrary figure but the standard of assessment was not high. Eight cases of poliomyelitis of leg each showed two inches or more shortening with neither heel support nor tenotomy, the youths walking on the toe of an ordinary boot. A girl of 21 disabled by poliomyelitis had worn the same boot and caliper since the age of 12 and neither she nor the family knew how to get a new one, stating that their doctor couldn't help them; the girl was housebound /

housebound. There were five cases of hip tuberculosis showing two to three inches of shortening without any special boot or support - one was a heavy manual labourer, another stood all day working a pedal machine. One case of tuberculous knee-joint had over three inches, uncompensated. Three cases of osteomyelitis of the leg showed comparable deficiencies. The artificial leg of two youths had broken, throwing them out of work; one had waited over three months for it to be repaired. Five cases of chronic suppurative otitis media had constant otorrhoea but were receiving neither treatment nor instruction on how to clean the meatus. Four youths were awaiting glass eyes; one required spectacles which were not yet available. Two were awaiting the supply of deaf aids. 4 cases of talipes and deformity of the foot wore unsuitably heavy ordinary boots, modified in a crude way by themselves or their parents.

Three Epileptics were not receiving any medical treatment though having frequent fits; in the case of two of them it was known that phenobarbitone largely controlled their fits. One cretin had stopped his thyroid treatment when 14, on leaving school; he is now 18 and unemployed. The parents sighed for the days when he used to be brisk, active and handy at his work; they knew "the tablets" made all the difference but had no idea of their name. A youth diagnosed as a psychoneurotic had constant /

constant cough and nausea, had lost over a stone in weight, showed occasional staining and appeared hectic but refused to consult a doctor. Three cases of carditis were at work with constant oedema of ankles and with dyspnoea at rest; they stated they were 'fed up' with doctors. Several youths expressed their dislike and weariness of doctors and hospitals and there is no doubt this partly accounted for their lack of appliances and treatment.

This group lacking medical aids had the high unemployment rate of 27%.

SOME SOCIAL FACTORS AFFECTING EMPLOYMENT.

In attempting to assess the complex social factors which influence the youths' employment, the effect of the parents' employment will be discussed, then the attitude of the parents to the child's disability, the significance of the family structure, and finally the effect of housing.

Father's employment. Inevitably the status of the father influences to some degree the type of work followed by his children even though disabled and in Table 21 the employment of the child has been related to that of the parent.

TABLE 21.

Occupation of father in relation to child's present employment.

Employment of children	Father dead	Father Unemployed	Father non-manual worker	Father manual skilled	Father Manual Semi-skilled or Unskilled
Employed	21.0	25.6	10.3	21.7	15.7
Non-manual	22.6	23.1	51.3	20.8	18.9
Manual skilled	14.4	12.8	20.5	24.5	18.8
Non semi-skilled	18.8	15.4	17.9	11.3	17.5
Unskilled	23.2	23.1		21.7	29.1
Total	100.0	100.0	100.0	100.0	100.0
No.	181	78	39	115	223

Table 21 shows that when the father is alive, his occupation is that preferred by his children, even when the father is unemployed.

(The incidence of unemployment among the children of manual skilled workers was unexpectedly high; it is chiefly due to the presence in the group of a number of severe congenital diplegias and epileptics registered by the parents in an effort to do everything possible for their children; whereas this group of 115 contains 9 such totally unemployed, the remainder of the survey only contributes 15).

The death of a wage-earning father can only accentuate the economic pressure on the child to earn the maximum amount of money as quickly as possible. This is the incentive, or necessity leading too often to the better-paid unskilled job; comparatively few of these children succeed in getting skilled manual work. In a large family of wage-earners the father's death may cause little financial stress and may not restrict the choice of the disabled child's job; in a family of school-children, the pressure on the eldest working child is severe. Of the 36 'only' children whose fathers were dead or absent from the home, only one achieved a skilled manual job, though their unemployment rate was low; 50% of the children were in unskilled manual work.

The degree of family disruption due to the death or absence of fathers ranged from 38% in the group of pulmonary tuberculosis to 17% in poliomyelitis. The 12 youths unemployed as a result of pulmonary tuberculosis were particularly unfortunate. Seven fathers and four mothers were dead, the fate of one pair of parents was unknown but they were believed to be dead, while five /

five mothers were employed outside the home - only in one of these twelve families were both parents alive, with the mother in the home. By contrast, among the 34 families in the poliomyelitis group there are only nine parental deaths, with two mothers working outside the home.

The effect of a "dead or absent" father on a youth's employment is shown in the case of John S. an intelligent, steady lad of 18 who was educated at a special school on account of deafness and who is well aware of the dangers of casual labouring. He lives in a dark, dismal 'single-end' with his mother, one sister who has just left school, and four sibs still at school. The father has recently deserted his family and finance is pressing. After considerable thought John has decided to abandon his apprenticeship as a boot repairer for the better paid job of labouring in a firewood factory. He had previously spent a year in the factory but had been thrown idle during the summer months of seasonal unemployment; now, distressed at the family's plight, he has decided to change to a job which he knows from experience is a job to be avoided.

The effect of the unemployed father on a child's choice of employment is not so easily expressed in words, but that it is important is evident. Thus, of 115 apprentices, only three had unemployed fathers. It is simple enough to ascribe the father's influence on his child's employment to mere example, and no doubt there is some truth in this obvious explanation.

John /



John L. is a youth of 19 who left school at 14 and worked for one year as a shipyard labourer, when he developed diabetes mellitus and has never worked since. He receives two injections of insulin daily, his health is good, and his own doctor has repeatedly told him he was fit to work. He spends his time playing snooker in a saloon haunted by his unemployed father. The mother is not very bright and is convinced that John is not fit to work; the house is very bare and poor and there seems to be a kind of apathy blighting the household. The grandfather, who lodges there, conducted a private interview of his own on the stairhead, following the interview with mother and son. He is country-bred, has worked hard all his days and has helped to build 'the finest ships in the world'. He is of quite different stuff from the rest of the family and seems a hard-headed old man; he declares that the only hope for the boy is to remove him from the father's influence, or he will surely end his days in the same billiard room.

"Anything else is a waste of time and money" says the old man.

A father's death, with its adverse effect on the children's employment, is also likely to force the mother out to earn more money. When the husband was employed in a skilled manual job, only about one mother in thirty was out working; where the father was unemployed one mother in eleven was employed outside; where /

where the father of the family was dead, one in three of the widows was at work.

In Table 22 the employment experience of the young disabled is shown in relation to the mother's presence in the home.

TABLE 22.

Employment of children in relation to maternal circumstances.

Children's employment	Mother dead	Mother employed outside home	Mother at home
Unemployed	18.0	17.8	19.0
Non-manual work	19.7	25.6	23.2
Manual skilled	21.3	8.9	20.3
" semi-skilled	13.1	23.3	14.3
" unskilled	27.9	24.4	23.2
Total	100.0	100.0	100.0
No.	38 Males:23 Females	44 Males:46 Females	270 Males: 149 Females.

The death of the mother affects a child's employment very much less than the death of the father; the group whose mothers are employed outside the home show a lower than average rate of skilled manual work and a high rate of semi-skilled work. This may be due in part at least to the unusual sex ratio in the group, which may have encouraged the mothers to take up outside work.

The /

The family group influences employment in other ways.

Families with grown-up members are more likely to be in a position to ensure that the younger disabled child avoids unskilled manual work; such families produce less unemployment, and twice as many office workers. Further, it is worthy of note that the presence in a family of an unemployed adult member - not necessarily the head<sup>of</sup> the family - adversely affects the employment experience of its disabled members. These trends are shown in Table 23.

TABLE 23.

Employment of 542 young disabled in relation to their family background.

Employment follow-up	Children Present in Family	Adults only in Family	Family Fully employed	Some Unemployed in Family
Manual	22.5	16.4	15.7	27.7
" distributive	4.3	2.9	3.1	4.7
" office	6.1	14.8	13.4	4.7
" other	7.8	7.4	6.1	11.5
Manual skilled	18.6	21.5	21.3	17.6
semi-skilled	13.9	16.1	16.0	12.8
unskilled	26.8	20.9	24.4	21.0
Total	100.0	100.0	100.0	100.0
No.	231	311	394	148

THE ATTITUDE OF THE PARENTS TO THE DISABLED YOUTH.

An attempt was made to assess the effect of the parents' attitude on the employment of their disabled children. It is, of course, only possible to contrast in a general way the obviously keen and interested parent with the obviously apathetic. In practice, the keen and interested group of parents seldom permitted the interview to last less than an hour whereas five or ten minutes was usually ample to demonstrate that the other group of parents just didn't care.

Keeness was experienced in all different conditions and situations. Widows with young families, lacking the industrial contacts of an employed husband, were particularly anxious for help or advice. As a boy grows older, the parents feel he is more or less answerable for himself and become less concerned about his welfare - or feel more helpless. The youth, as he ages, increasingly tends to resent parental advice and often his unskilled job becomes a bone of contention; he is sensitive to the endless requests to get a skilled job. In a few cases a boy was found to be trying to leave home to avoid the daily reminder of "I told you so". Unemployed fathers seldom appear interested in their children's employment; in the overcrowded homes there are often more compelling matters demanding attention; but parental interest and sense of responsibility is at its height just when the boy leaves school.

In the 69 homes where the parent interviewed (usually the mother) was classed as "apathetic", 22 were regarded as being of low intelligence. Table 23 shows that keen parental interest makes for the satisfactory employment of their children; apathy is associated with high unemployment and unskilled manual labour, and with a dearth of skilled work.

TABLE 24.

The relationship between parental interest and the Nature of Children's Employment.

Employment of Children	Parents keen and interested	Parents Apathetic
Unemployed	13.0	28.9
Non-manual, office	19.1	4.3
" " other	13.1	17.5
Manual, skilled	31.3	8.7
" other	23.5	40.6
Total	100.0	100.0
No.	115	69

The over-solicitous parent may also hamper the child's employment; this was most easily recognised in the mentally handicapped group where the child was retained at home to the disadvantage of all parties - mentally handicapped girls had been either fully employed or totally unemployed since registration, depending on the parental attitude. This undue protectiveness was /

was observed in all types of disability, and, naturally, was commonest in the case of children who had spent years in hospital.

All parents, save the most apathetic, were unanimous and emphatic that the disabled child must learn a trade or acquire a special skill, and all were alive to the dangers of the blind-alley job. It was very common to find parents girding at their children and exhorting them to leave the unskilled job for a skilled one, and this issue often became a source of grievance. On questioning such parents as to why the youth had been allowed to enter unskilled work in the first instance, the usual reply was that when the youth left school the family had not expected him to be able for any work and had allowed him into casual employment - generally near home - to relieve his boredom and "to see how he got on", their intention at this stage being "to let him find his feet for a start" and later to put him to skilled work. With the passage of time the change to skilled work became progressively more difficult.

An opportunity was taken, at follow-up, to ask if the youth had received any special advice on leaving school regarding suitable employment. The only kind of advice that seemed to be remembered by the young folk was that which came from someone who had a job to offer them - like the Mission to the Deaf, or the Head of a special residential school. The great majority answered "no" to the enquiry, occasionally recollecting ruefully that /

that a teacher had complimented them on their schoolwork and had suggested that they "should take up art" or the like.

Being, for the most part, without specific guidance or advice on employment the youth and his parents have great difficulty in translating the medical recommendation for "light work" into a suitable job; indeed, this is only too often a matter of trial and error. The following case illustrates the difficulties experienced by the family which has only received advice of a general nature.

Edward L. is a youth of 19 who developed pulmonary tuberculosis when aged 14, spending one year in a sanatorium at that time. He looks fit, has had no symptoms since leaving hospital, and the clinic has finished its follow-up. His father died of tuberculosis and 'never had any time for doctors'; Edward's widowed mother is determined that her son will never disobey medical advice and Edward himself was thoroughly inculcated in hospital with the principle of rest in tuberculosis. Though his schooling was uninterrupted until the age of 13 and though he passed his control examination he has ruled out all office jobs, as they imply indoor work and "of course in tuberculosis you need fresh air; you can't get too much fresh air". He therefore decided on an outdoor job /

job and tried seven light labouring jobs spending only a very few weeks in each. However, he discovered that the outdoor jobs involved too much exertion - "which is one thing you've got to avoid with T.B.". As he states, there are no light outdoor jobs in Govan - "They all begin light and end up heavy". Faced with this dilemma he has passed 18 months in idleness while his widowed mother has gone out working. Edward does not at all seem 'work-shy'; both are extremely anxious for him to earn money but are equally resolved not to disobey the rule of "plenty fresh air and a light job".



HOUSING AND LIVING CONDITIONS IN RELATION TO EMPLOYMENT.

During the survey it became clear that a measure for housing conditions based on the number of persons per room must be incomplete in that it ignores damp crumbling walls, poor sanitary arrangements and the general decrepitude of old houses, as well as understating the condition of families in Local Authority houses where poverty permits the furnishing of only one room, after a fashion, and the family continue to live and sleep in the only room with a fire.

113 of the disabled young people in this survey lived under conditions that could only be described as very bad. In these homes overcrowding was general; invariably they had outside lavatories, sometimes shared by 5 or 6 households. For lack of space meals were disorganised events; water had to be heated on a gas ring or coal fire; not uncommonly the gas had to burn all day, summer and winter, to lighten the deep gloom of a tenement basement or the effect of an overhanging building. Mothers of young families in "single-ends" (where 5, 6 or 7 children might be living in one small room) had the task of stowing them away for the night over sinks and coal-bunkers, under tables and over tables, with the ingenuity and science of a stevedore. In these homes a disturbed night for one inevitably disturbs the sleep of all.

An example of these frequent housing difficulties is given by Tom P. who has suffered from bronchitis since infancy; he attended /

attended a special school for 10 years and thereafter has remained in steady employment as a chromium plater for the past 2 years. He is now 17, and his only complaint is that he doesn't get his sleep at night. His father died with pulmonary tuberculosis and owing to lack of hospital beds was nursed at home, in their present home. One of Tom's older sisters has been diagnosed as having active pulmonary tuberculosis and she is now at home awaiting admission to hospital; one of his younger sisters has a recurrent chest complaint believed to be similar to his own bronchitis. The household consists of Tom's mother, four brothers, three sisters, one brother-in-law and five infants - fifteen in all - who live in two rooms, one of which is the size of an ordinary box-room. He shares a single camp-bed, of the usual size, with a brother who was fast asleep on it during the interview. One or other of the brothers tries to get a job on the night shift to make their night's rest tolerable. The house is in vile disrepair, the floor boards are springing up and the walls of the rooms are soaking. Having waited for so many years, the mother has more or less given up hope of a new house but her great fear is that the boys will throw up their jobs or leave home as they cannot be expected to work indefinitely without a decent bed.

This kind of environment makes more difficult the task of the disabled /

disabled youth trying to acquire a trade or special skill. Study and night-school classes under these conditions demand superhuman determination and energy which for many is exhausted in securing the necessary night's sleep.

It is not surprising that the employment record of this badly housed group is so very poor.

TABLE 25.

Employment of 113 young persons with very bad Housing.

Nature of Employment	No.	Percentage of group
Unemployed	34	30.2
Non-manual office	4	3.5
" " other	17	15.0
Manual skilled	13	11.5
" semi-skilled	17	15.0
" unskilled	28	24.8
Total	113	100.0

THE ATTITUDE OF THE DISABLED YOUNG PEOPLE TO THE DISABLED PERSONS  
(EMPLOYMENT) ACT.

Of the 618 young folk covered by this survey only 24 received training courses under the provisions of the Act; three of the 24 were epileptics who, after training, became unemployed; the remaining 21 were full of enthusiasm and praise for the disablement scheme and highly appreciated their courses of training.

Some who had received no help from the scheme did not seem unduly disappointed, either being able to fend for themselves or because they had never expected very much from the scheme. On the other hand, an outlook of disappointment, criticism and bitterness was very common indeed, and 61 young people, chiefly males, complained specifically, and at great length, of the working of the Act. Their complaints centred on the fact that training courses are still promised in the handbills in Labour Exchanges whereas they have either been refused training or have waited one, two or three years, with apparently no prospect of securing a course - scrambling meanwhile through the perils of unskilled labour, increasingly aware of where they are likely to land. These 61 youths were intensely bitter and critical, having a strong sense of injustice and grievance. The older youths appear to develop a brittle 'wisecracking' cynicism to life in general and dismiss the scheme as "just another racket"; they maintain it only exists to provide jobs for Minister of Labour officials, - at any rate it has never got the disabled youth a job.

This /

This drift into cynicism is in marked contrast to the heightened hope and enthusiasm shown by the same type of lad on leaving school - undoubtedly the optimum time for training and settlement of the young disabled.

TABLE 26.

Incidence of complaints regarding the working of the re-settlement scheme in relation to the age of the youths concerned.

Age	16	17	18	19	20	21	22	Total
No. resentful of Scheme -		3	10	13	16	14	5	61
%age of age group	-	2.7	10.5	11.4	12.0	17.3	23.8	

At this stage of disillusionment, still in poorly-paid casual jobs, there is no doubt the prospects of 'easy money' must be very tempting.

Jack S. is at present serving a three years sentence in prison for theft. His mother states he lost his leg in a street accident, when an infant, and she had to buy him a succession of artificial limbs as he grew up. The father is a semi-skilled labourer. Jack went through the usual run of unskilled manual jobs and found himself, at the age of 19, at the end of the usual blind-alley job with a poor pay packet and inability to carry on at the increasingly heavy work expected. He became unemployed, developed "bad companions", and was finally arrested. The mother makes the astonishing statement that his prison sentence was the best /

best thing that ever happened to him since the prison has provided him with a free limb and is training him in shoe-repairing - "It's the first chance he has had". The father, who is anything but emotional, says the boy has changed his outlook and his ways, is "finished with crime" and wonders how he will stand as regards finishing his training if he is discharged from prison too soon.

THE DEGREE OF SUCCESS IN RE-SETTLEMENT OF THE YOUNG DISABLED  
REGISTERED UNDER THE ACT.

Concerning the supply and demand of labour in Scotland during 1949 - the year of this survey - the Scottish Home Department reports: "There was a severe shortage of young persons, and at the end of the year there were six unfilled notified vacancies for each girl and almost three for each boy who registered as unemployed". It further stresses the "acute shortages of skilled men" in a variety of trades. The mid-1949 unemployment rate for Scotland is given as 3% for all males, 1½% for all females - a national rate of 2½%.

In this survey the unemployed rate of registered disabled young persons was 18% - and the survey included a very favourably employed group of 69 who had held the same job before and after registration. As mentioned previously, much of this unemployment is "long-term" in nature.

Viewed against the background of the Home Department's report on Employment, an unemployment rate of 18% among disabled young persons bodes ill for later years, and since certain groups within the survey show unemployment rates of 30% there is no doubt that these young disabled will provide a hard core of chronic unemployment in later life.

Employment figures for this age group are difficult to obtain

but /

but fortunately an unpublished survey, from Glasgow University, covered ex-'ordinary' schoolboys who were 17 years of age during 1949. Their employment is contrasted with that of the 62 17-year-old disabled boys interviewed in this survey and shown in Table 22.

TABLE 22.

Employment of 'normal' and 'registered disabled' 17-year-old boys.

Nature of Employment	"Normal" 17-year-old boys	Registered Disabled 17-year-old boys
Unemployed	Nil	8
Office work	5)	2)
Other non-manual work	16) 21	8) 10
Manual skilled and semi-skilled	60	43
Manual unskilled	19	39
Total	100	100
No.	1314	62

The contrast is marked: unemployment is much higher among the disabled, the proportion engaged in non-manual work and in skilled manual work is much lower. While the proportion in unskilled manual labour is twice as high as among 'normal' boys.

Unskilled manual labour is seldom suitable employment for a physically /



physically disabled youth and repeated examples have been quoted of its dangerous effects on the health of the youths in this survey. The disabled males at age 17 show 47% either unemployed or in unskilled manual labouring, at 18 the comparable figure is 56%; at 19 - 43%, at 20 - 47%, at 21 - 46%.

Though the Department of Education has stated that "the vast majority of handicapped children can, with appropriate education, become self-supporting" it can only be concluded that disabled Glasgow youths meet with very little success in their efforts to become self-supporting and will increasingly have recourse to the National Assistance Board, Unemployment and Sickness Benefit, medical attention and costly hospital treatment and nursing care.

The available employment figures suggest a loss of manpower to industry through the very poor exploitation of skill among the young disabled; individual histories show that much of this loss is preventible and represents waste when measured by any standard, economic, medical, or the well-being of the youth himself.

The effect of the Disabled Persons (Employment) Act on the young folks' employment is, at best, disappointing. Registration shows no subsequent trend towards improved employment among those who were previously in a job; many who were unemployed or in obviously unsuitable jobs were unable to improve their lot; though 21 received training courses, 71 bitterly criticised the inefficacy of the scheme and very many more had ceased to regard it as other than 'a racket'. Of the 66 disabled youths which the Exchanges had /

had themselves registered as disabled, 10 were idle and 26 were in unskilled manual labouring, i.e. more than half these registrations had failed to be placed in suitable employment. Certainly, this falls very far short of Sir William Beveridge's standards for a rehabilitation service.

Whereas the disablement scheme in Denmark first attempted resettlement in those disabilities which are most readily 'salvaged' and gradually increased its scope in the light of experience, the Disabled Persons (Employment) Act, from its inception, actively encouraged the registration of all types of disability. The disparity between the sudden large-scale registration under the Act and the scant equipment provided to implement its provisions is reflected in the generally poor employment records of the registered disabled seen in this survey. Of all the groups, those looked after by the Outdoor Mission to the Deaf are by far the most fortunate in their employment record and in their general welfare. The resettlement methods of this voluntary body, if applied to all disabled youths, would unquestionably improve their lot and the official scheme could only benefit by a close study of the reasons why these methods succeed.

Despite the disappointing results of the disablement scheme, its ultimate significance may lie with the cadre of officials who have now been trained as resettlement officers, embodying the interest of the Ministry of Labour in the prevention of unemployment /

unemployment due to disablement. This important innovation at present is hampered by the impermanence of the official's appointment and by his difficulty in ensuring training for the disabled when his own judgement demands it. His function as friendly guide is scarcely reconcilable with his refusal of training to the disappointed youths, indeed he is commonly the focus of their bitter resentment.

In the eyes of the young disabled the chief lack of the scheme is vocational training, since employers' preference and superannuation schemes both hinder their ready acceptance as trainees in industry. Such training, even if freely available, implies vocational selection which for many young disabled is too late at the age of 16 years. By this age youths may be regarded by their family as unemployable - unjustified fatalism is not uncommon - or the parents may have already ear-marked quite unsuitable jobs for their children. "Selection" is at present done by the family, usually without guidance, and its success may be judged largely by the physical distress of the youth. Parents may even make sacrifices for their child, based on mistaken medical ideas - such as the policeman who was arranging to maintain his office-worker son, convalescent from subacute bacterial endocarditis, in farm work, since the father believed fresh air and exercise cured all ills. Selection and guidance should occur before the child leaves school, before any job is undertaken; moreover the school is /

is much more likely to appreciate the abilities and disabilities of the youth, his special aptitudes and weaknesses than is the Ministry of Labour meeting the lad for the first time at the age of 16.

This point is stressed in the Report on the Care of Rheumatic Children published jointly by the Cardiac Society and the British Paediatric Association. They state that "Facilities must be made available for vocational training of rheumatic children during their last years at school and on leaving school so that they are trained for suitable sedentary employment. When this has been done steps must be taken to ensure that when they start work they do in fact obtain such employment". Though the provision and supervision of suitable employment is within the scope of the resettlement officer, vocational selection and training during school years must remain an educational responsibility. For these reasons a resettlement scheme which only contacts youths when 16 years or more is basically inadequate to deal effectively with the problems of disabled youths.

THE COST OF FAILURE IN RESETTLEMENT.

An ageing community must conserve the resources of its young people, whose proper employment is to the advantage of all. Disabled youths are of particular importance and value to the community, since much skill, effort and consideration has already been expended on them by parents, doctors, nurses and teachers to minimise their disadvantages and increase their opportunities. Failure in resettlement, at this age, dissipates previous effort and expense; adds to both in illness, idleness and the frustration of youth; and, emphasising existing disabilities, creates new ones.

At present, the disabled child may contact one or many agencies having a statutory interest in his disability. The National Health Services may be responsible for him in childhood and may nurse him, periodically, over the breakdowns created by unsuitable jobs. The Ministry of Education attends to his special schooling; the Ministries of Labour and of National Insurance may support him through his frequent illness or idleness and may even attempt his industrial rehabilitation in adult life if idleness has been very prolonged; the Ministry of Pensions may be interested in supplying medical aids or he may come permanently to rest with the National Assistance Board - 10% of the 579 youths interviewed were already maintained by the Assistance Board. As a group the disabled make heavy demands on medical care and hospital treatment, yet though so many bodies have a statutory duty towards his disability /

disability none is obliged to exploit fully any remaining ability. It is striking that the successful overcoming of handicap, in this survey, invoked the principle of assessing the disabled youth's ability and developing this ability to the full in the light of the employment available. Unaided, parents who can afford training for the youths have obtained for them economic independence, even in cases of very severe disability where the alternatives were obviously unemployment or unskilled labouring with inevitable breakdown. Application of this principle appears to be much more important to the youth than co-ordinating the work of those bodies concerned solely with the effects of his disability and indeed would save these bodies much money, time and effort.

Probably the greatest cost to the community, of unsuccessful resettlement is the 'chronic' unemployment of youth which has been depicted so tellingly in "Disinherited Youth" (published by the Carnegie Trust). The effects of such idleness would almost appear to be irreversible and, as was found in this survey, the "chronically" unemployed man adversely affects the life and employment of his own disabled children.

There seems little doubt that the cost of selection and training for suitable employment to achieve economic independence could only be a saving on the present expensive neglect. Apart from /

from the important consideration of finance, such employment may be presumed in the definition of Health, - by the constitution of the World Health Organisation as a "state of physical, mental and social well-being".

THE CAUSES OF FAILURE IN RESETTLEMENT.

The future well-being and usefulness of the disabled youth is conditioned by a complex of varying forces, medical, social and economic, any one of which may determine the outcome; frequently the youth's total resources, pitted against competitive industry, leave only a fine margin for success. For these reasons, each youth remains a highly individual problem and failure is likely to be frequent in any approach which ignores this individuality. If a job matching their capacity is obtained, on leaving school, even severely handicapped youths can maintain economic independence; in unsuitable jobs relatively minor handicaps may result in years of idleness and poverty; indeed the disability can only be measured in terms of the proposed employment.

In this complex of forces certain factors leading to failure in resettlement are commonly met with. These are:

- 1). The 'medical' nature of the disability.
- 2). The extent of educational lack.
- 3). The nature of the employment available to the youth.
- 4). The home background of the youth.
- 5). The extent of delay in resettlement.

1). The medical aspect of the disability limits the employment of severe cases of congenital diplegia and of epileptics with frequent /



frequent fits. The young spastics have quite the poorest employment records of Glasgow youths as their full rehabilitation requires ascertainment in early childhood with retraining under special care. Unfortunately, this is not provided, and the severe spastics of this survey have been housebound or idle for so long that, at this stage, employment in a sheltered workshop seems to be their only hope of a livelihood.

The young epileptic, after a seizure at work, is usually dismissed on grounds which are often irrational but are none the less final; the reactions of an outcast, added to their disability, frequently breed despair in their forced idleness. The age-old prejudice against epileptics and its hopeless outlook contrasts with the often dramatic successes of modern therapy, and 'cured' epileptics naturally wish to forget the very name of the illness. As these 'cures' are not publicised, the term epilepsy is still generally equated with the group whose seizures are not controlled by medical treatment and who are, it must be admitted, almost unemployable in competitive industry until such control is attained. As in all youthful disablements the families stress the damage done by enforced idleness, and since some will later be able for almost full employment there appears to be a strong claim for the provision of sheltered work for these cases. Tylor Fox quotes an /

an estimate that about half of all registered epileptics are so severely handicapped that they are not fit for open employment but should be placed in sheltered workshops - an 'epileptic bay' in the Ministry of Labour sheltered workshop has been reported to be working satisfactorily.

The severely disabled spastic and the uncontrolled epileptic await further medical advances to render them employable; all other types of disability were capable of obtaining employment in Glasgow and the successful resettlement of the individual depended on factors other than the medical diagnosis.

However, by far the commonest cause for leaving jobs was physical distress, and a surprising finding was the large number of youths who deliberately avoided medical assistance, preferring to put up with thoroughly unsuitable work which they understood quite well to be the cause of their distress. Though the ultimate reason for this was economic necessity in the family, the reason proffered by the youths was the knowledge that the doctor "could only give them a line" whereas they considered relief could only come from a more suitable job. This evasion of the doctor, to avoid sickness benefit, is seen in almost all disabilities particularly in the cardiac group and it seems tragic that eagerness to work at an unsuitable job should so jeopardise lives - and costly hospital treatment. On the other hand, the prescription of /

of "light work" is not often stated in specific terms and is customarily dispensed by the patient himself. When the remedy proves unobtainable, as is not infrequently the case, the patient's understandable reticence may even prevail over dyspnoea and cardiac oedema. This impasse between doctor and patient is not easily resolved; with selection and training for the most skilled job within the youth's capacity the situation can be prevented. A somewhat similar dilemma often vexes the tuberculous youth who, convinced that he must avoid heavy work and get plenty of fresh air (which suggests to him an outdoor job) discovers that the fresh air and heavy work are outdoors, the light work and stuffy atmospheres often indoors. This common bugbear of the tuberculous could at least be mitigated by more precise guidance to the individual. Too often, at present, he remains idle or defies the doctor, depending on his temperament and his financial state.

2). The extent of educational lack. Lost schooling adds heavily to the burden of the disabled child. If the loss is extensive it denies him the choice of office work and usually forces him into manual labour; if he is unable for manual work he becomes sick or idle. Educational lack may dominate a youth's future though the original cause of disability has largely disappeared as in cases of arthrodesed tuberculous knee joints where young people, having spent six or seven years in hospital, may, though no longer complaining of serious physical disability, yet lack the basic education to benefit from night-school classes. A reasonable standard /

standard of scholastic attainment as judged by success in the control examination is associated with a very much better employment record, and ~~very many~~ individual histories underline the importance of education to the disabled. On the other hand, the numbers in skilled (as against unskilled) manual work do not appear to be affected by educational lack.

Doubtless just as important as educational lack is the frequent emotional immaturity of the youth who has had years of illness and undue mothering. This immaturity, added to an awareness of his scholastic lack, leaves the youth timid, shy and helpless to deal with problems which cannot be avoided or with decisions which cannot be postponed. These twin handicaps, if severe, may simulate mental lack, and even in the early twenties the youth's conduct may seem inexplicable or erratic. The loss of confidence and drive readily leads to unemployment if the physical disability is at all marked, as the youth may become panic-stricken by any responsibility - repeatedly girls reject the comparative shelter of the cash desk on this account, preferring quite unsuitable but less alarming jobs.

The education of the disabled child is of vital importance and his interests are not promoted by the animosity so many parents bear towards the special school - legal authority is sometimes invoked to force the child to attend there. There are many reasons for this unfortunate friction. With the current shortage of staff, overcrowding of classes may be vexatious and frustrating /

frustrating to pupil and teacher alike; parents naturally dislike their children to be labelled 'special' in the derogatory sense of the word even though the aim of the special school is to render them 'less 'special'; above all the very poor employment record of former pupils does not stimulate enrolment and individually many mothers appear to make out a strong case to justify their sense of grievance. Certainly, for one reason or other, many mothers believe that the special school neither benefits their child educationally nor does it makes his future employment easy.

The employment record varies very markedly in different types of special schools. It is extremely good among former pupils of the special school for the Deaf; the Glasgow Outdoor Mission, besides organising a very active social club for the ex-pupils, has succeeded in placing them all in skilled work even in the face of very unfavourable home conditions. Far from complaining about this special school the parents are lavish in its praise, are themselves members of the social club and are actively furthering the interests of the deaf in many different ways.

The small group of youths, usually severely disabled, who enter a special residential school show a comparatively good employment record and are seldom misplaced; many of this group receive vocational training before going into industry. Despite severe crippling and deformity they fare remarkably well, and naturally the parents are delighted to see them, after so many years of anxiety about their future, settled in a skilled job /

job within their physical capacity.

Apart from the mentally handicapped, the former pupils of the other special day schools have an unemployment rate of 26% and a further 36% are unskilled manual labourers. These schools do not have the vocational and resettlement advantages of the 'deaf' and residential schools, and it is these schools which so frequently are condemned by the parents who feel they are surrendering the known benefits of an ordinary school for one which, at best, is not popular with employers. This friction seems likely to remain until these schools systematically develop any remaining ability the child may have; at present the compulsory nature of the special education contrasts with the lack of help given in choosing the youth's employment and with the absence of vocational training and selection. In this connection advice on employment is remembered by the school-leaver only when strengthened by a concrete offer of the recommended job.

3). The nature of the employment available to the youth.

Skilled manual and skilled office jobs were found to be easily the most stable and satisfying types of work. Decreasing skill in employment is related to an increase in idleness and in frequent change of job. Dissatisfaction with employment is commonest in unskilled manual labour. The relative wages in these employments are shown in <sup>the</sup> Table below which is derived from an unpublished Glasgow survey of ex-special school-children whose average age in

1949 was 18.3 years. It is seen that most of the higher wages are earned by unskilled manual labourers.

Nature of Employment	Weekly Wages			Total
	Up to 40/-	41/- to 60/-	61/- +	
Non-manual	38	17	3	58
Manual				
Skilled and semi-skilled	48	51	8	107
Unskilled	38	62	17	117
Unclassified	1	4	0	5

The fact that unskilled manual labour at this age, is the better-paid job is expressed in the history of the 'blind-alley' job which for many years has acted as a blight on the lives of the young. The unskilled job of the 16-year old may be within his physical capacity, is easily found near home, is generally better-paid than the job imparting special skill and the parents are not loath that he should "find his feet for a start" on such reasonable terms. At the age of 18, at the end of the alley, unemployment is now suddenly more than doubled and unskilled manual labour increasingly demands physical exertion from the youth who, scrambling through a series of exhausting or harassing jobs which stress his disability, is hard put to it to avoid both the Assistance Board and the medical services.

For long the public conscience has twinged at the evils of the /

the blind-alley job; in the case of the disabled it does not seem probable that the public pocket can any longer afford this misuse of juvenile labour which leads to idleness and illness.

Parents are unanimous, and the experience of this survey corroborates, that the best employment for the young disabled is the most skilled job within his physical and mental capacity.

4). The home background of the youth.

The disabled youth whose parents are wealthy enough usually manages to obtain whatever training is desired, though such parents may retain their mentally handicapped children in idleness, to their mutual distress. Unless the disability is severe the skilled tradesman may manage to train his disabled son, often in his own workshop. The unskilled manual labourer and the unemployed father never succeed in this unaided.

The father's employment conditions his son's choice of work; and the children of unemployed fathers show poor employment with a very high rate of idleness. The death of a wage-earning father limits the son's choice of work and adversely affects his employment.

Apart from these economic considerations, the attitude of the parents to the disabled youth is of importance, and interest or apathy may well decide the youth's future which is so often precariously balanced. Unduly solicitous and anxious parents may add to the youth a further burden not less serious than his initial disability and their attitude to the youth may quite demoralise him. Thus  
the /



the youth with heart disease may have to cope with his disability plus educational lack plus lengthy hospital 'deprivation' of normal life plus the terror and anxiety of his relatives and friends plus his own vague impression that he is not long for this world anyhow plus years of reiteration that rest is his only hope.

Overcrowding and bad housing breed disabled children and adversely affect their employment. The bronchitic who shares his night's rest and a single camp bed with his brother is unlikely to be a keen worker during the day; the family of six or seven living in one room forbids all training which implies study; indeed, any plan for the rehabilitation of this large group presupposes more civilised standards of living.

5). The extent of delay in resettlement.

Though this cause of failure cannot be measured in figures or expressed in ~~terms~~ <sup>tables</sup> it is undoubtedly most important, and the difference in the "positive" outlook of the sixteen-year-old and the frequent cynicism of twenty-one was very obvious indeed at interview. A few months delay in resettlement may lose the heightened hope and enthusiasm of the school leaver only to find suspicion or resentment. After a few pay packets the youth, no longer a schoolboy, is apt to discourage advice from any quarter - particularly when it urges him to a more skilled but less well paid job. Later, as he discovers the hazards of unskilled manual labour in illness or in idleness, and sees his friends in skilled jobs now better paid than himself, disillusionment /

disillusionment and bitterness often give way to cynicism or dissolve in final apathy. The crisis of school leaving is never repeated, and this survey suggests that the striking absence of "drift" in the young Glasgow deaf could be attained in most other disabilities given the same keen interest in the special problems of youth and immediate resettlement in the correct job as soon as the child leaves school. The longer the period of 'drift' the more laborious and the more improbable is satisfactory resettlement.

## CONCLUSIONS.

The main findings of this survey are:

- 1) For the great majority of the disabled youths in Glasgow registration under the Disabled Persons (Employment) Act does not materially help towards suitable employment.
- 2) Because of varying medical, social and educational factors each youth requires individual assessment to ensure successful resettlement.
- 3) Vocational training and guidance can compensate and neutralise the many varying handicaps of the disabled youth, bringing him economic independence and a much fuller life. The present lack of training leads directly to waste of human and financial resources.
- 4) Some disabled youths are unlikely to benefit from training until the larger problems of overcrowding and poor housing are solved.

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